1	7.00						
4	ACOA		BAI	TIMORE CITY HI	EALTH DEPARTMENT	51	4501
B	IRTH NO.	51-10625		CERTIFICAT	E OF DEATH	Registered No.	0.83
	NAME OF D	ECEASED				2. DATE	
		DANE	FRAI	ICIS VAIS	E	OF MAY	12.1957
	Baltimore (	EATH: City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If ins	titution : residence before admission
B.	FULL NAME	OF (If not in hospit	tal or institut	ion, give street address or	BALTIMORE	BALTIMOR	16 X
	STITUTION			location)	(2	outside corporate limits, v	
	21	NAI HOS	PITE		BALTIMORE	5-6	township
	noth of a	tom in Daliin.	- 1	Yrs. Mos.	D. STREET ADDRESS (If		14686
5.	SEX	tay in Baltimore 6. COLOR OR RACE	7 SINGLE	Days Days	LASS BALLO	1 00411	2744
	MALE	white	WIDOW	ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years     Und last birthday) Month	er l Year If Under 24 Hours as Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	108 KIND	OF BUSINESS OR	11 BIBTUDI ACT (State of C		9
worl	k done during most o	of working life, even if retired)	TOB. KINE	INDUSTRY	11. BIRTHPLACE (State or fo	reign country)   12	. CITIZEN OF WHAT COUNTRY
13	FATHER'S N	IAME			14. MOTHER'S MAIDEN NA		
	ALRE	Per MALC	,				
15	. WAS DECEASE	D EVER IN U. S. ARMEI	FORCEST	16 600141	MARGARET	ROLLI	5
(Ye	a, no or unknown)	(If yes, give war or date	e of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
-	18. 7 4						
	/ 0	F OR COMPLETION	DID=0	CAUSE	OF DEATH		ONSET AND DEATH
		E OR CONDITION LEADING TO DEA' not mean the mode of	TM	2.		0	1.1.
	heart failui	re, asthenia, etc. It mea	ns the disease	9.		unit.	( Odys
		complication which o		DUE TO		•	0
7		ANTECEDENT CAUS	ES	A-	tele stania		
ATION	DISEASES	OR CONDITIONS, IN	F ANY, GIVIN	(B)		***************************************	
AT	UNDERLY	ING CONDITION LA	ST.	(P)	remotivity	AGENT A	
ERTIFIC				(C)	<b>(</b>		
E	OTHER SI	II IGNIFICANT CONDI	TIONS CON				0
1	TRIBUTING	TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D	•		
0				FINDINGS OF OPER	ATION		20. AUTOPSY?
AL							YES NO
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ME	CAUSE OF	DEATH	oroge nome, it	ti mt. i ac soi y, sereos, o mce bidg., e	(c.) INJURY OCCUR?		
	21D. TIME (	Month) (Day) (Year)	(Hour) 2	1E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
E.			m.	HILE AT NOT WHILE			
	22. I herchy	certify that I att	ended the	deceased from	4/2 1951 to 1	18 , 195/, ti	hat I last one th
	deceased ali	ve on 5-18		and that death occur	,	e causes and on the	late stated above
	23A. SIGNAT	URE	1		3B. ADDRESS		3c. DATE SIGNED
24	A. BURIAL. C	SEMA SEE SATE	ane	м. р.	Jenai Hos	notal.	5/1 51
	N. BEMOVAL (SI		2	4C. NAME OF CEMETER	RY OR CREMATORY 240. LC	CATION (City, town, or o	county) (State)
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LO	CAL REGISTE	RAR REGISTRAR			25. FUNERAL DIRECTOR	AL	DDRESS
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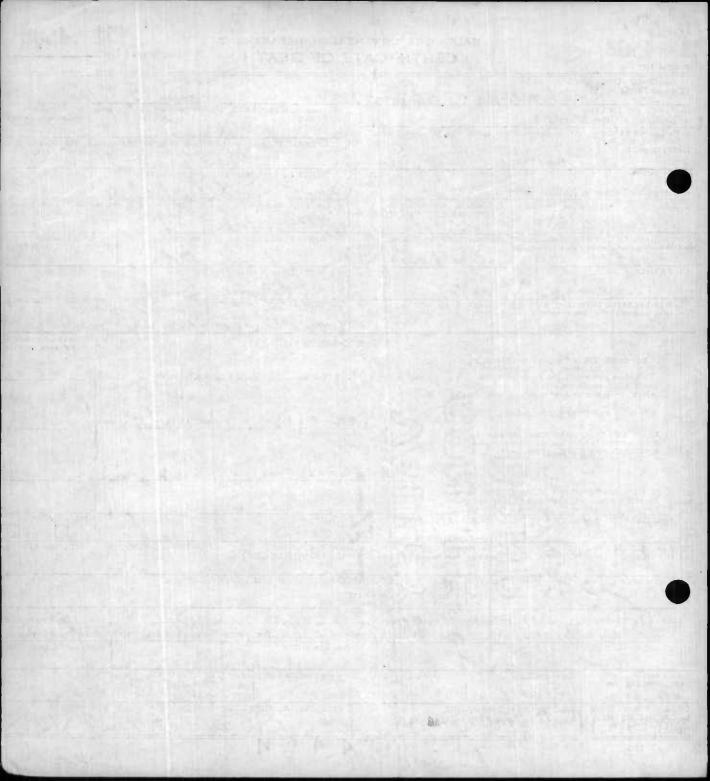
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give D. STREET ADDRESS (If rural give location) Yrs. Mos. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years | 11 Under | 11 Under 24 Hours last birthday) Months; Days Hours Min. WIDOWED, DIVORCED (Specify) in ala 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done doring most of working life, even if retired) INDUSTRY WHAT COUNTRY? 4014400 13. FATHER: NAME 14. MOTHER'S MAIDEN NAME CONJUT. 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, op or onknown) (If yes, give yer or dates of service) 16. SOCIAL 17. INFORMAN ADDRESS SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. Icholis -11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? CIMPHOSIS 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) EDI INJURY OCCUR? 21E. INJURY OCCURRED RID. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE AT WORK WORK 5/, 19\_, that I last saw the 22. I hereby certify that I attended the deceased from... 19\_ 19\_\_\_\_, and that death occurred at 11:30 fm., from the causes and on the date stated above. deceased alive on S 23A. SIGNATURE 23s. ADDRESS 23c. DATE SIGNED RKBN M. D. 24A. BURIAL. CREMA-24c. NAME OF CEMETERY OF CREMATORY 24D. LOCATION [City, town, or county) 24B. DATE TION, REMOVAL (Specify) MAGRINE Durana-DATE RECEIVED BY ADDRESS REGISTRARIS SICHATURE 25. FUNERAL DIRECTOR

VS 150

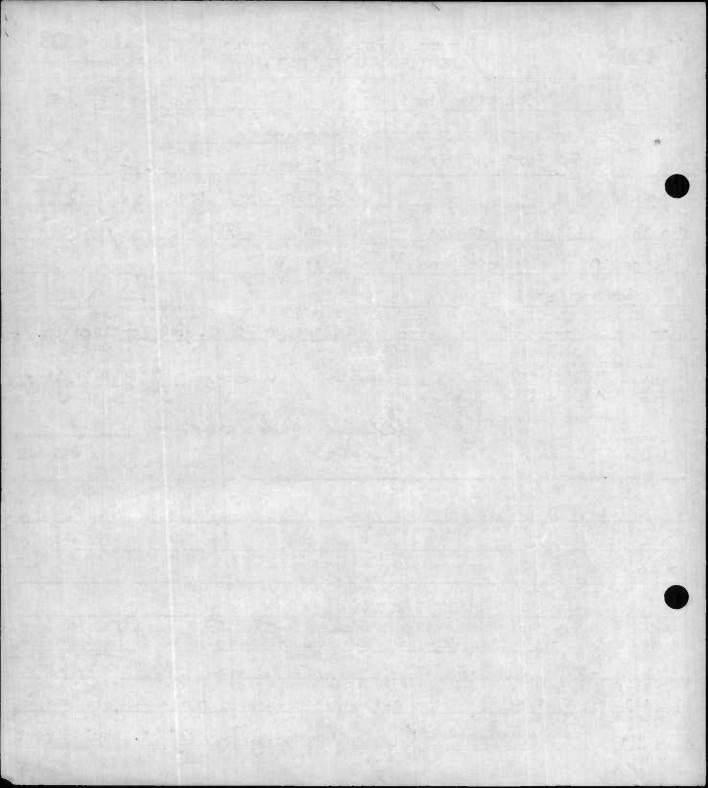


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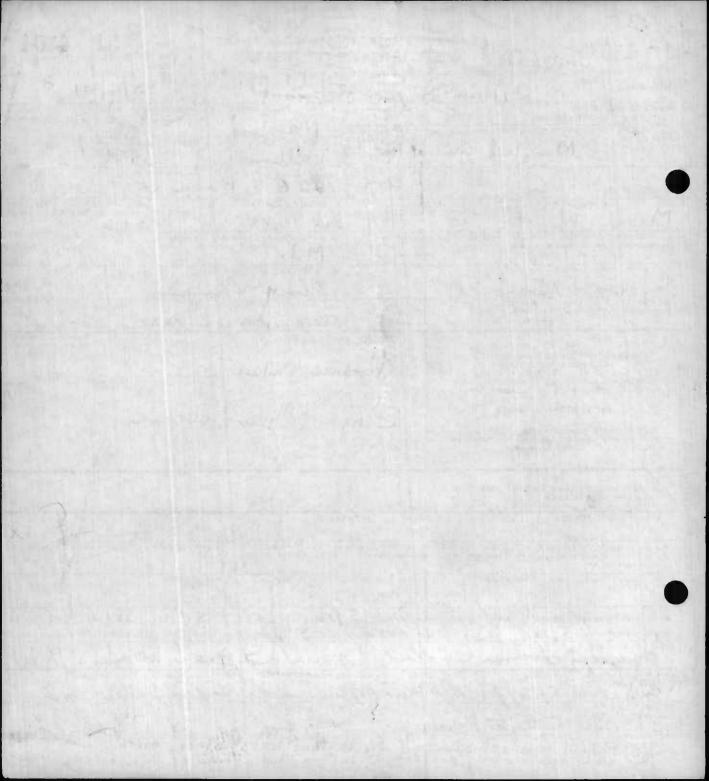
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### BALTIMORE CITY HEALTH DEPARTMENT

000		9		CERTIFICAL	E OF DEATH	Registered	110.		
В	IRTH NO.								
1.	NAME OF D					2. DATE			
(.7	'ype or Print)	Co	oncetta	a Vinci		DEATH May	17, 1951		
	PLACE OF D				4. USUAL RESIDENCE (W	here deceased lived. I			
		City, Maryland			A. STATE	B. COUNTY	hefore admission)		
В.	FULL NAME	OF (If not in hospit	al or instituti	ion, give street address o					
	STITUTION	6lia Das	hand.	Street	c. CITY OR TOWN (If	outside corporate lim	its, write PURAL and give		
- 1	10	042 101	crand	prieer	Baltimore	6	township		
				Yrs.	D. STREET ADDRESS (If 1	rural, give location)			
-	month of a	tors in Poltimone		Mos.	642 Portland	Ctmoot			
	SEX	tay in Baltimore	7 SINGLE	Days		Street	M. O. J. S. V		
0	JEX	O. COLON OR RACE	WIDOW	MARRIED. ED, DIVORCED (Specify	8. DATE OF BIRTH	last birthday)	Il Under 1 Year   If Under 24 Hours Ionths; Days   Hours   Min.		
	female	white		owed	About 1875	76			
10	A. USUAL OC	CUPATION (Give kind of	I TOB. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country;	12. CITIZEN OF		
WOF.	k done during most	of working tife, even if retired)		INDUSTR	1		WHAT COUNTRY		
0.0	house		own	home	ltaly				
12					14. MOTHER'S MAIDEN NA	ME			
	Law	rence Geppi			Rosa ?				
15	. WAS DECEAS	D EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS		
(16	s, no or unknown)	(II yes, give war or date	s of service)	SECURITY NO.					
-	1				Salvatore Vinc	1, 042 PO	rtland St.		
	18. 42	2.		CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEAS	E OR CONDITION	DIRECTLY		1101	/	- 11		
	(This does	not mean the mode of	TH of dving a g	Cery	well harme	con	48045		
	heart failu	re, asthenia, etc. It mea	ns the disease	e,		**************************************			
	injury or	injury or complication which caused death.) DUE TO							
		ANTECEDENT CAUSES Cardin Vas calse							
Z				(B) Cerle	und mider l	an could			
0	DISEASES	OR CONDITIONS, I	F ANY, GIVIN						
E	UNDERLY	HE ABOVE CAUSE (A)	STATING TH	E DUE TO des	me		16 leas 8		
CATION				(C)		***************************************			
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ERT	TRIBUTING	IGNIFICANT COND!	NOT RELATE	D D					
Ü	TO THE D	SEASE DR CONDITION	CAUSING I	ſ					
J	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?		
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EDICA	21A. ACCIE	ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g.,	in or   21c. WHERE DID (I	f in Baltimore City,	give exact location)		
田田	LYING OF	R CONTRIBUTING	ebout home, f	arm, factory, street, office bldg.	etc.) INJURY OCCUR?				
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			m. N	WHILE AT NOT WHILE					
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					un - 20, 1933, to 5		t, that I last saw the		
			_, 19_5 (,		rred at G. P.m., from the	re causes and on			
	23A, SIGNA	TURE DOX	1		23B. ADDRESS	, 00/	23c. DATE SIGNED		
		de march	ucal V	м. р.	115 - Vi. UN	rules hy.	5-15-51-		
2.	4A. BURIAL.	REMA- 248. DATE		24c. NAME OF CEMET	ERY DR CREMATORY   24D. LC	OCATION (City, tow	n, or county) (State)		
TI	ON, REMOVAL (S		77	Man a 12	33 0	2 211	A STATE OF THE STA		
po	burial	5/21/5		New Cath	edral Cemetery	Baltimore	ADDRESS		
L	ATE RECEIVE OCAL REGIST	DAD HANN							
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43		d1 -	The same of the sa		a contrac.				
	VS 150	THE REAL PROPERTY.							



B	6 L 1 45	0451-0365	# BAL		EALTH DEPARTMENT E OF DEATH	Registered No.	4504
3. A.	PLACE OF E Baltimore	DEATH: City, Maryland	j   ham	Eugene.	A. STATE	2. DATE OF DEATH  Where deceased lived, If insert B. COUNTY	stitution : residence before admission
H	OSPITAL OR	Mary	ul g.	era lasta	C. CITY OR TOWN (III) Bullinge	outside corposate limits	vriteRURAL and giv township
		stay in Baltimore		2 Mos Days		rural, give location)	30
	M	6. COLOR OR RAC	WIDOW	MARRIED, ED, DIVORCED (Specify	8. DATE OF BIRTH Fab. 19, 1951	9. AGE (in years   ff Und   Month	der I Year H Under 24 Hours ns Days Hours Min.
worl	A. USUAL OC	CCUPATION (Give kind of working life, even if retire	of 108. KIND	OF BUSINESS OR INDUSTRY	Md.	oreign country)   12	CITIZEN OF WHAT COUNTRY
13	Raym	mad Rob	rael		Elsie Sh	AME	MA CHELL
15 (Ye	. WAS DECEAS	ED EVER IN U.S. ARM (If yes, give war or da	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	l 1226 8.0	RESS PROPERTY
TION	(This does heart failu injury or DISEASE:	SE OR CONDITION LEADING TO DE s not mean the mode ire, asthenia, etc. It m complication which ANTECEDENT CAL S OR CONDITIONS, THE ABOVE CAUSE (A	ATH of dying, e. g eans the disease caused death.  JSES  JSES  JSES	(A) Q OY  OY  (B) CO h	of DEATH diac failure genitalheart	disease	INTERVAL BETWEEN
ERTIFICA	OTHER S	YING CONDITION I	DITIONS CON	(C)			
AL C		OF OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICA		ENT WAS UNDER- R CONTRIBUTING[ DEATH		CE OF INJURY (e. g., i	n or 21c. WHERE DID (1 etc.) INJURY OCCUR?	If in Baltimore City, give	e exact location)
Σ	2 ID. TIME F INJURY	(Month) (Day) (Yea	W	THE AT NOT WHILE WORK			
	22. I hereb deceased at 23A. SIGNAT	live on 5/16	ttended the	deceased from 5 and that death occur	116 ,1951, to rred at 5 2 m., from to 23B. ADDRESS maryland 91	5/16, 195! the causes and on the	hat I last saw th date stated above
24 TIC	N, REMOVAL (S			ak from Bap	, 1	OCATION (City, town, or	county) (State)
D/ LC	TE RECEIVE		R'S SIGNATU	RE	25. FUNERAL DIRECTOR Wm. Gook, Inc.	12/7 fr	DDRESS DANS
	<b>∀N.'</b> B°.	Patient had	seen al	resent c	ngthson wells s	ince birth Ks of Cyanos	is 157E

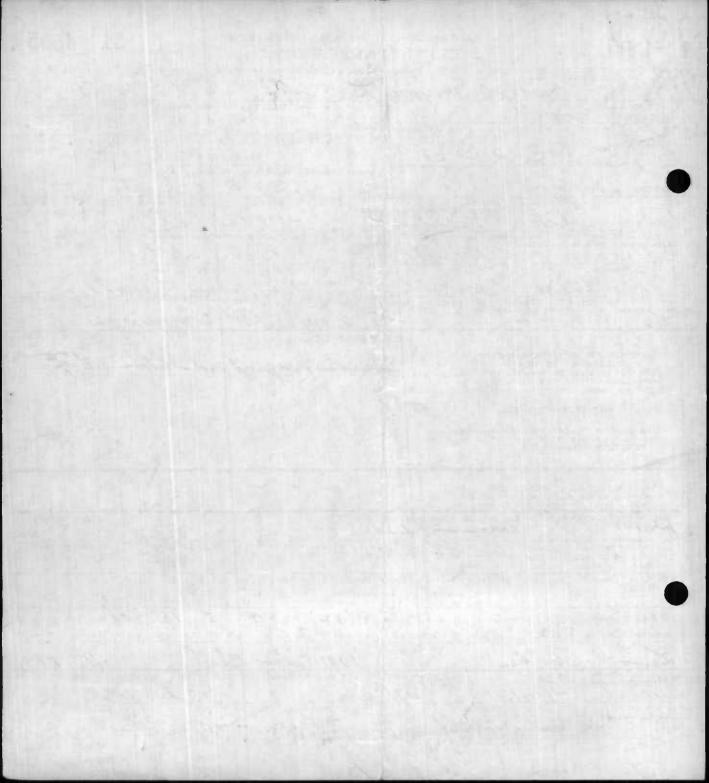


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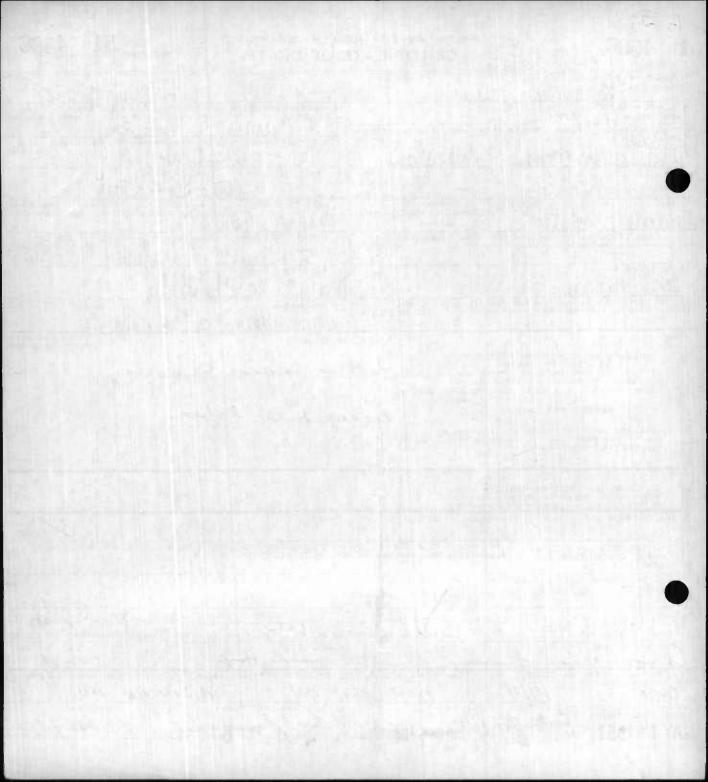
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4505

BIRTH NO.							
1. NAME OF DECEASED (Type or Print) To 18 1/h Gragory B	agwell 2. DATE OF DEATH 5/16/51						
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)						
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)							
INSTITUTION 530 E. 20 1 st.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
Yrs.	D. STREET ADDRESS (If rural, give location)						
Mos.  Mos.  Days	530 E. 207 ST						
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years If Under I Year   If Under 24 Hours						
Mala White Married	1/4/1886 last birthday) Months Days Hours Min.						
10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF						
work done during most of working life, even if retired)  Aleaman  Turnstune	Ba Ot MA WHAT COUNTRY?						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
John Wise Bransle	Mary any Coursell.						
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS						
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Margaret MC Cumpacing &						
	OF DEATH						
	OF DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	rome of segurid and blodobe 2 yes.						
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	-mogsizen and storm 12-705.						
ANTECEDENT CAUSES							
Z DISEASES OR CONDITIONS, IF ANY, GIVING	(B)						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
UNDERLYING CONDITION LAST.							
2							
OTHER SIGNIFICANT CONDITIONS CON-							
TRIBUTING TO THE DEATH, BUT NOT RELATED							
TO THE DISEASE OR CONDITION CAUSING IT.	RATION   20. AUTOPSY?						
2 July 1848 Carcinia of home	YES NO 4						
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., i							
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH	etc.) INJURY OCCUR?						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?						
m. WHILE AT NOT WHILE							
22. I hereby certify that I attended the deceased from 11	/12 , 1948, to 5 /6 , 1954 that I last saw the						
deceased alive on 5/13 1951 and that death occur	rred at 2. P. m., from the causes and on the date stated above.						
23A SIGNATURE 12	236 DATE SIGNED						
Louis / Vanteur M.D. 1	1701 Entam Pl. 5/18/5-1						
24A. BURIAL. CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY   240. LOCATION (City, town, or county) (State)						
Burial 3/19/51 Cuthrel	rol Bulto Md.						
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS						
LOUAN G 91331 I Line to William	11M Bakahan 1917 C+ P. O. F						
III I I I I I I I I I I I I I I I I I	-wingral of land of.						
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4	650						
1		HEALTH DEPARTMENT	Registered No.	4506			
(T	NAME OF DECEASED (a ) MALLIN		2. DATE OF DEATH MALL /	1" 1951			
Α.	PLACE OF DEATH: / Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street addre	4. USUAL RESIDENCE (W	here deceased lived, If institute B. COUNTY	ution: Fesidence before admission)			
H/		*:	outside corporate limits, yr	te RURAL and give township)			
C.	Monath of stavin Boltiman	Vrs. D. STREET ADDRESS (117 ADDRESS )	rural side location				
0	SEX   6. COLOR OR RACE   7. SINGLE, MARRIED. WIDOWED, DIVORCED (SP	8. DATE OF BIRTH	9. AGE (In years last birthday) Months				
wor	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  INDUS		reign country) 12.	CITIZEN OF WHAT COUNTRY?			
	Makus Maku	hall Elizabeth	Kelly				
(Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? , no or unknown) (If yes, give wer or dates of service) SECURITY N	O. MARIO MITRIN	2536 Robb S	ESS			
	18. 760.0 CAUS	SE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH			
	(A)	traciemes.	hemonlage	22 mei			
7		eceputaite la	bor				
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)						
Ш	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
L C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF O	PERATION		20. AUTOPSY?			
EDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office LCAUSE OF DEATH		f in Baltimore City, give e	exact location)			
CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?  WHILE AT WORK  MORK AT WORK							
	22. I hereby certify that I attended the deceased from_	5-17 1951, to		at I last saw the			
	23A. SIGNATURE	23B. ADDRESS		BC. DATE SIGNED			
TIC	Mile	ETERY OF CREMATORY 240. LA	PCATION (City, town, or co				
	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR Chas 1 Evans		DRESS			
<del>       </del>	vs 150	0 0 4 4	11	- royar win			
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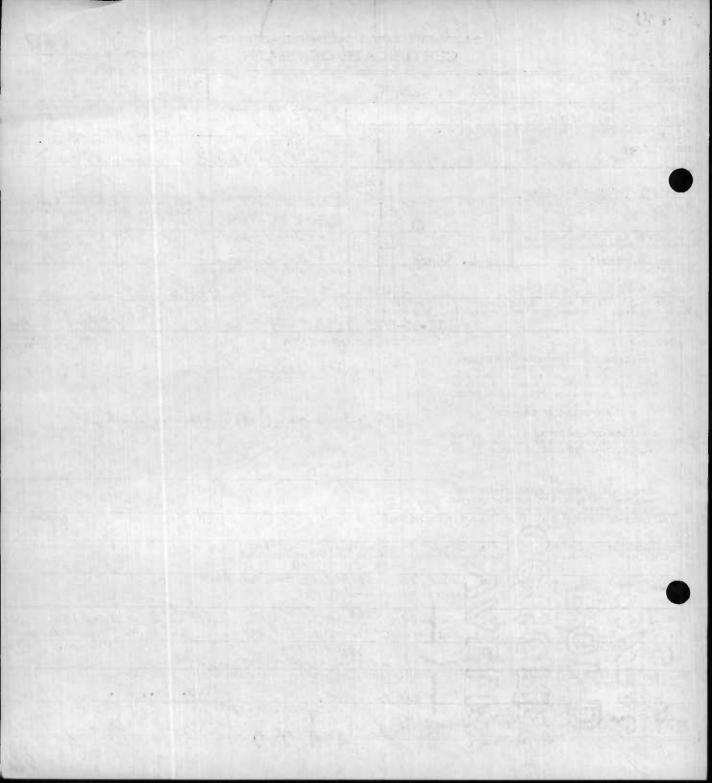


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### CERTIFICATE OF DEATH

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gistered No.	4307

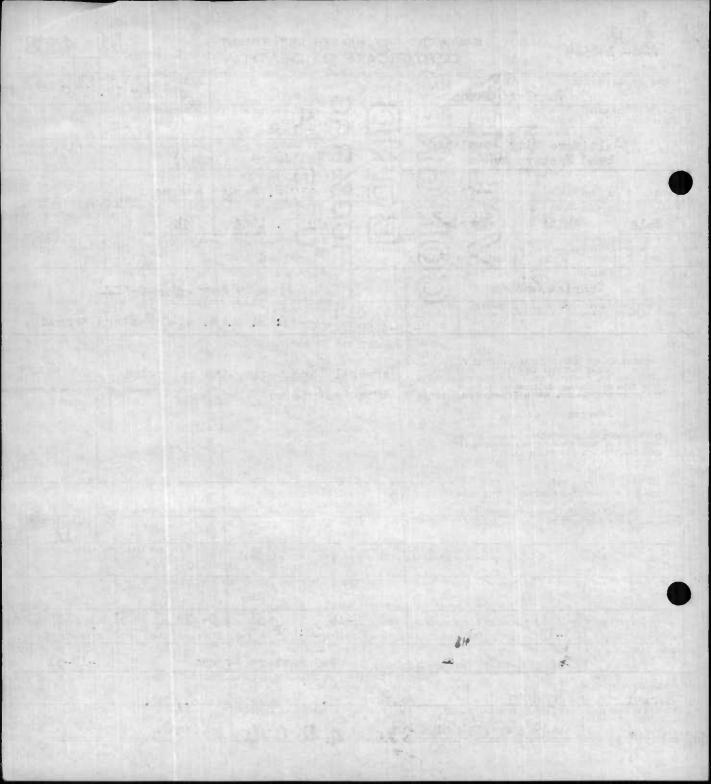
В	IRTH NO.			CLICITI ICATI	L OI BLAIII			
	NAME OF D ype or Print)	ECEASED	OLGA 1	MAY CAPLES		2. DATE OF DEATH	-17-5-1	
	PLACE OF D Baltimore (	EATH: City, Maryland			4. USUAL RESIDENCE (W	here deceased lived, If	institution: residence before admission	
B. H	FULL NAME OSPITAL OR ISTITUTION		al or institut	ion, give street address or location)	c. CITY OR TOWN (If	outside corporate limit	s, write RURAL and giv	
2	1 F-6	RAUKlin S	gunz,	e 1+0 ep	UPPERLO	P.O. (Fow)	les burg	
C.	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If )	rural, give location)	300	
5.	SEX	6. COLOR OR RACE	7. SINGLE WIDOW	E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH Apr: 1 15-1896		f Under 1 Year   It Under 24 Hours onths Days Hours Min	
1 C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY	
	Cle	RK.	Dept	Store	Maryland		U.SA.	
13	FATHER'S	NAME			14. MOTHER'S MAIDEN NA	ME		
15	WAS DECEASE	ED EVER IN U.S. ARMEI	P. FORCES?	16. SOCIAL	MATILDA F	its		
(Ye	s, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT	, A	DDRESS	
	18. 5			212-22-5629	CE DELLA J JIELEN	124 //	INTERVAL BETWEE	
		3 / X 1	D.D	CAUSE	OF DEATH		ONSET AND DEAT	
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	heart failu	re, asthenia, etc. It mes	ans the diseas	e,		0		
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9	RISE TO T	S OR CONDITIONS, I	STATING TH	NG HE DUE TO		0	0	
CA	UNDERL	YING CONDITION L	AST.					
ERTIFIC		II		(C)				
RT		SIGNIFICANT COND						
CE	TO THE D	TO THE DEATH, BUT	CAUSING 1	т				
Ļ	19A. DATE C	F OPERATION 0 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?	
EDICAL	21A. ACCIDE	ENT, SUICIDE.	218. PLA	ACE OF INJURY (e. g., in	o or   21c. WHERE DID (I	f in Baltimore City, s	YES NO L	
ED	HOMICIDE	(Specify)		arm, factory, street, office bldg., e				
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		
L	FINJURY		m.	WHILE AT NOT WHILE		, , ,		
	22. I hereb	y certify that I att	ended the	M	16 1951, to	117 . 195	that I last saw th	
		live on 3/17		and that death occur	red at LE m., from th		he date stated above	
	23A. SIGNA	TURE IN LE	lorm	M. D. 2	Fraullen f.	Hosp.	SILTLY	
2. TI:	4A. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE	2	24c. NAME OF CEMETE	the state of the s	OCATION (City, town,		
	Burial	5/20/51		Black Rock	CONTRACTOR OF THE PARTY OF THE	lto. Co., Md	f	
7	ATE RECEIVE	BY REGISTRAR	Part   1   1   1   1   1   1   1   1   1	and My	25 FUNERAL DIRECTOR	kner 4	ADDRESS	
	VS 150		1 - 1 - 1	The wines of 1	4 7 0	/1	5400	



55	4508 REA- 148524
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# CERTIFICATE OF DEATH

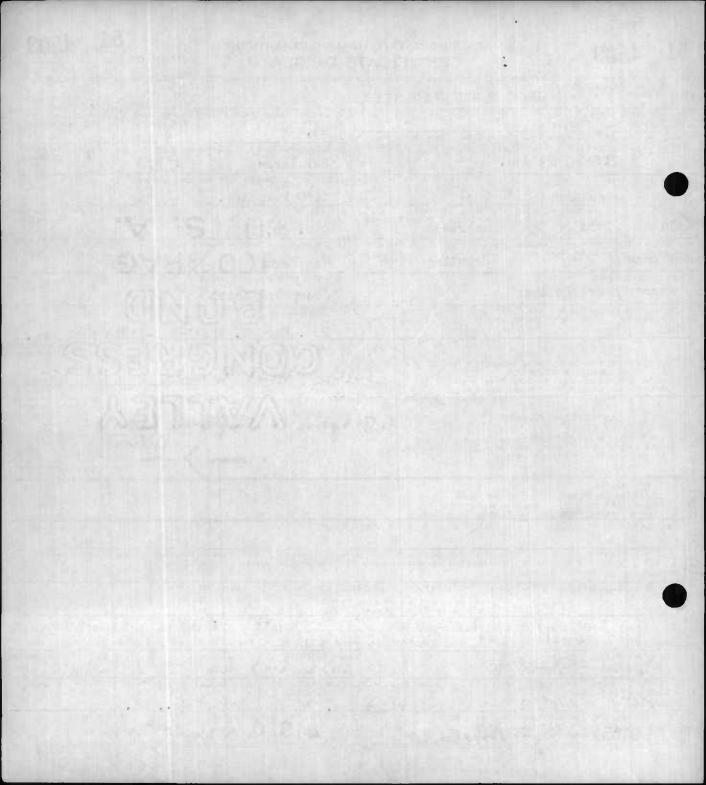
BI	RTH NO.						
	NAME OF Di ype or Print)		lbert s/Lehme	n		OF DEATH May	17, 1951
A.	FULL NAME	lity, Maryland	al or institut Hospi	ion, give street address or tals location)		B. COUNTY Balte	hefore admission) ts, write RURAL and give
2		4940 Eastern	Avenue		Baltimore (E	ssex)	township)
C.	Length of st	tay in Baltimore	Life	Yrs. Mos. Days	D. STREET ADDRESS (If		5300
5.	Male	6.COLOR OR RACE	7. SINGLE WIDOW Mari	E, MARRIED. (ED, DIVORCED (Specify)	July 20, 1904	9. AGE (In years last birthday)	if Under 1 Year on this Days Hours Min.
1 C	k done during most o	CUPATION (Give kind of f working life, even if retired) nance Man		Foods	11. BIRTHPLACE (State or for Mary land	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N	Charles Leh	men	MAJONNAIS ELA	14. MOTHER'S MAIDEN N. Blanche Ko	offenberger	
	. WAS DECEASE , no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date		16. SOCIAL SECURITY NO. 212-07-4058	Records B. C.		ern Avenue
	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  CAUSE OF DEATH  Cerebral Thrombosis with extension  Oue to into Ventricles						
CERTIFICATION	OTHER S	S OR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA  II SIGNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION	STATING TI AST. TIONS COL NOT RELATI	(C)			
				FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21a. ACCIDE HOMICIDE	NT. SUICIDE. (Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		If in Baltimore City,	give exact location)
M	FINJURY	Month) (Day) (Year)		21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJURY	Y OCCUR?	
	22. I hereb deceased al 23A. SIGNAT		ended the , 19_51,	and that death occur		he causes and on t	1, that I last saw the he date stated above.  23C. DATE SIGNED  5-18-51
2	4A. BURIAL, C	REMA- 24B. DATE		24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town	, or county) (State)
_	Burial	5/21/9	1		Cem. Bá	lto. Md.	
	ATE RECEIVED CAL REGIST		S SIGNATU	Laura Hall	25. FUNERAL DIRECTOR	denov+ s	ADDRESS
17	VS 150			5544	2	Ballo	Mdx3B



### BALTIMORE CITY HEALTH DEPARTMENT

51 4509

51 4509 C	FRTIFICATI	E OF DEATH	Registered No.	1000			
BIRTH NO.							
1. NAME OF DECEASED (Type or Print) JAMES MERRIW	STHER SHELLM	IAN	2. DATE OF DEATH May 18	. 1951			
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (What A. STATE	nere deceased lived. If institution B. COUNTY	tution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, HOSPITAL OR	give street address or location)		utside co porat limits, w	Va DIIDAT and also			
1530 Park Ave.		Baltimore	duside ed policy limits, par	township)			
	Yrs.	D. STREET ADDRESS (If re	ıral, give location)				
c. Eength of stay in Baltimore	Mos. Days	1530 Park Ave.					
5. SEX 6. COLOR OR RACE 7. SINGLE. M WIDOWED male white marrie	, DIVORCED (Specify)		9. AGE (In years				
10A. USUAL OCCUPATION (Give kind of 10B, KIND OF	BUSINESS OR	11. BIRTHPLACE (State or for		CITIZEN OF			
work deneduring most of working life, even if retired) Sale Sman Printi	INDUSTRY	New York		WHAT COUNTRY?			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAI	ME				
Harry Jones Shellman		Josephine Keith					
(Yes, no or nnknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT	ADDR				
no		Mrs. Mary W. Sh	ellman - 1530	Park Ave.			
18. 5 40.0	CAUSE	OF DEATH		NTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		W 7 0	125 E 1 E 1 E 1	I has			
(This does not mean the mode of dying, e.g.,	(A) C34	eren Hourt On	201.4				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TD						
ANTECEDENT CAUSES							
The latest the three terms to the true to							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO		Willy	***************************************			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
<u>U</u>	(C)		***************************************	••••••••			
OTHER SIGNIFICANT CONDITIONS CON-							
O TO THE DISEASE OR CONDITION CAUSING IT.							
19a. DATE OF OPERATION   19b. MAJOR FI	NDINGS OF OPER	RATION		YES ND			
21A. ACCIDENT WAS UNDER   21B. PLACE	OF INJURY (e. g., i		in Baltimore City, give	exact location)			
LYING OR CONTRIBUTING about home, farm,	ractory, street, once bidg.,	INJURY OCCURY					
TIME (Month) (Day) (Year) (Hour) 21E	. INJURY OCCURR	ED 21F. HOW DID INJURY	occur?				
WHIL	E AT NOT WHILE		1 1				
22. I hereby certify that I attended the dec		1947 to U	1001+1	at I last saw the			
deceased alive on 18 and	that death occur	rred at 10 m., from the	e eauses and on the di	ate stated above			
23A SIGNATURE		3B. ADDRESS		C. DATE SIGNED			
James Krang	м. р.	1175 PARK BY	(	MIVI			
		RY DR CREMATORY 24D. LO	CATION (City, town, or ec	ounty) (State)			
Burial 5/21/51 M	leadowridge !	Mem Pk . Howa	rd Co. Md./				
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	- Cadona Idea	25 FUNERAL DIRECTOR		DRESS			
MAY 199551 tuto ston Millians	4. ALE () ()	WAN SI DIM	wer TXW	A			
		1	7 1	MA			
VS 150	49 NU	m 11	7al Julto.	irria.			
	11071	11					



Physicians: please write the causes of death clearly and ly y.

correct age is especially important.

# BALTIMORE CITY HEALTH DEPARTMENT

46F

4510	CERTIFICAT	E OF DEATH Registered No	4510			
(c) Hospital or institution: (d) Length of stay in hospital or inst (e) Length of stay in Baltimore (yrs.	1-21/01	2. USUAL RESIDENCE OF DECEASED:  (a) State (b) County  (c) City or town (If outside city or town limits, write RURAL and give to the county (If rural give location)  (e) Citizen of foreign country? (Yes or lif yes, name country)				
3 (b) If veteran, name war  4. Sex 5. Color or race 6 (a div	3 (c) Social Security Account No.  ) Single, married, widowed, or preed.	MEDICAL CERTIFICATION  20. DATE OF DEATH 17 19 5  21. I certify that death occurred on the date above state				
6 (b) Name of husband or wife. A.	ARRIED LEXANDER O Jeans O Jeans O Jeans	ed deceased from MAY 7.1951, to Mand that I last saw h Englive on MAY 16.19  Immediate cause of death CARCINOM  GALL BLADER	1.			
9. Birthplace BALTO	hr. min.	Due to				
12. Name VIVIV No. 13. Birthplace  14. Maiden Name VIVIX		(Include pregnancy within 3 months of death)  Date of operation	PHYSICIAN  Underline the cause to which death should be charged statis.			
16 (a) Informant ALEXAN  (b) Address 570  (c) (b) D	ate thereof Mad 1	of autopsy:  22. If death was due to external causes, fill in the fol  (a) Accident, suicide, or homicide				
(Burial, cremation, or removal)  (c) Cemetery or crematory  Location	month (day) (year)	(c) Where did injury occur?(City or town) (Council (d) Did injury occur about home, on farm, industrial place?While at work (Specify type of place)  (e) Means of injury	place, in public			

and the same

### INSTRUCTIONS FOR MEDICAL CERTIFICATION

THE REPORT OF THE PARTY OF THE

#### WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

#### DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

### DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

#### DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

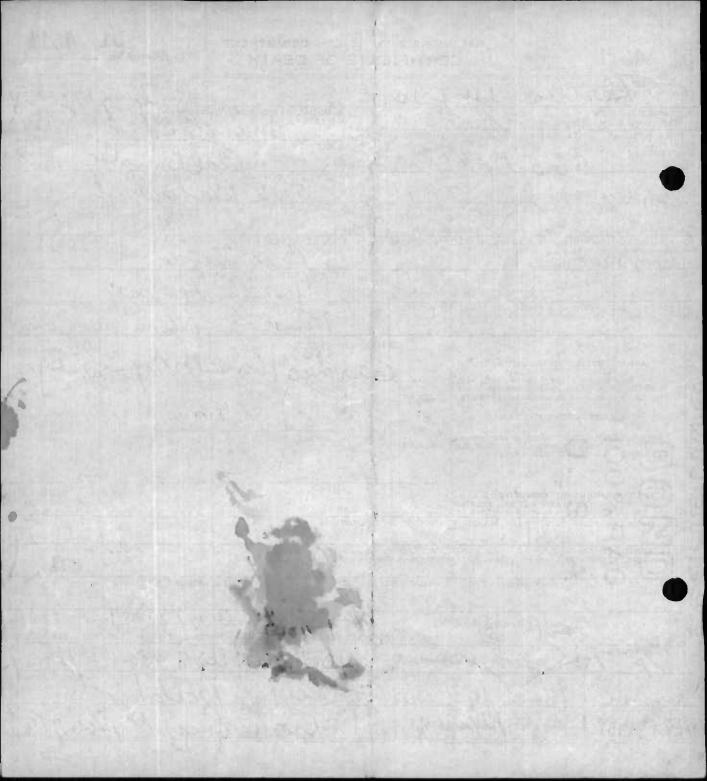
For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

-7-50 51 4511

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4511 Registered No.

BIRTH NO.	CERTIFICATE	E OF BEATH	
1. NAME OF BECEASED (Type or Print)	Jayson	2. DATE OF DEATH	May 17-1951
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospit	al or institution, give street address or	A. STATE  A. STATE  Marylan	ed lived. If institution: residence DUNAY before admission)
HOSPITAL OR INSTITUTION 565	BAKER SX	C. CITY OR TOWN Us outside comp	or te limits, we te RUKAL and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give lo	pocation)
temple Almal	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (I last bir	n years if Under I Year Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign count	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	young.	14. MOTHER'S MAIDEN NAME	rocal
15. WAS DECEASED EVER IN U. S. ARME (Yes, no or unknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & LIVE	ADDRESS Buker
DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which  ANTECEDENT CAU  DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L	DIRECTLY TH of dying, e.g., ans the disease, caused death.)  SES  (B)	r dio Joscular	Degeneration J.
OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	ITIONS CON-		
	198. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		ore City, give exact location)
, TIME (Month) (Day) (Year	m. WHILE AT NOT WHILE		
deceased alive on	tended the deceased from XVIII., and that death occur	rred at // h., from the causes	that I last saw the and on the date stated above.
23% SIGMATHURED D	1 24C. NAME OF CEMETE	TO S ME ONS	Bg 236 DAITE SIGNED
24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify)	21-15 Western	Star Bal	ADDRESS
LOCAL REGISTRARY	S SIGNATURE	25. FUNERAL DIRECTOR	weld 14637 Can
VS 150		100	025

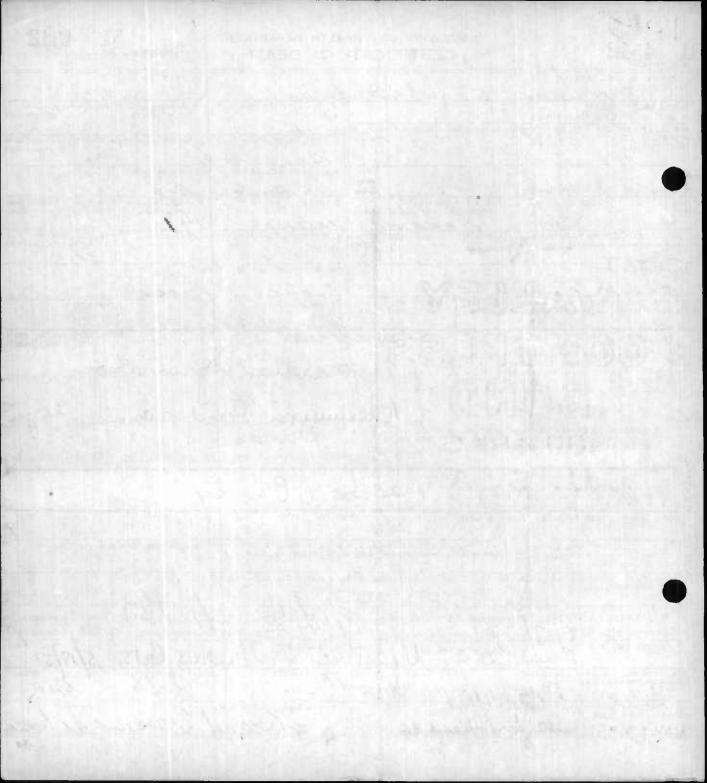


	15	2	
1	A RTH N	51	2
1	NAME	OF	DEC

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4512

BI	RTH NO.				- O. DE/(())			
1.	NAME OF D	ECEASED				2. DATE		
(1	ype or Print)	MUNDER	SF	NNETTA	EUANS	DEATH 5	18/01	
	PLACE OF D Baltimore (				4. USUAL RESIDENCE (V	Where deceased lived, In B. COUNTY	f institution: residence before admission)	
	FULL NAME	OF (If not in hospit	al or instituti	ion, give street address or	MO	anne	- anser del	
IN	STITUTION			location)	c. CITY OR TOWN (If	outside corporate limi	ts, write RURAL and give township)	
5	Dry	EREV KO	35 6		BALTIMO	PE K	with the state of	
		7	P	Yrs,	D. STREET ADDRESS (If	rural, give location)		
G.	ength of s	tay in Baltimore	4	Z. Days	116 Audre	a Ara	5200	
	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours	
	_	, ,	4.4	ED, DIVORCED (Specify)	10/0 /0	last birthday) M	onths Days Hours Min.	
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	1 12. CITIZEN OF	
work	done during most of	of working life, even if retired)	100.11110	INDUSTRY		oreign country)	WHAT COUNTRY?	
	4'417	6			110		4.5.	
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME		
	RELDI	Y RUTTE	de		FLORENCE	KIRREY		
15	. WAS DECEASI	ED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	11000	ADDRESS	
(Yes		(If yes, give war or date	s of service)	SECURITY NO.				
-	NO				HOSP RECOR	25	INTERVAL BETWEEN	
	18.	15X1		CAUSE	OF DEATH		ONSET AND DEATH	
	DISEAS	E OR CONDITION LEADING TO DEAT		m	1 0	000	A	
	(This does	not mean the mode of	f dying, e. g	(A) / NY	ocardia a	Squeral	con	
		re, asthenia, etc. It mea complication which c						
				Ohl	1.0	V.	2	
_		ANTECEDENT CAUS	ES	Thee	muste la	1 de en ascu	DI LONG	
6	DISEASES OR CONDITIONS, IF ANY, GIVING							
Ē	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	IE DUE TO	polase			
V	ONBLITE	THE CONDITION LA	.51.	(C)				
Ē								
ERT	OTHER S	II SIGNIFICANT CONDI	TIONS CON	. Marks	D NAS 2-0	-1		
Ш	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	in range	a Colore	4		
U		F OPERATION 0   1		FINDINGS OF OPER	PATION		20. AUTOPSY?	
ᅴ	ISA. DATE C	OF OFERATION O	SB. MAJOR	FINDINGS OF OFER	KATION		YES NO X	
CA	21. 16615		1 21p Pl A	CE OF INJURY (e. g., I	n or   21c. WHERE DID (	If in Baltimore City,		
EDI	LYING OF	R CONTRIBUTING		arm, factory, street, office bldg.,		ii iii baitimore orty,	give exact location;	
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?		
	FINJURY	(, (,		WHILE AT NOT WHILE		0		
h		^	m.	WORK AT WORK	4	In In		
	22. I hereb	y certify that I dit	ended the	deceased from	5/17/5/, 19, to_	1/8/319	_, that I last saw the	
	deceased a	21.01		and that death occur	red at 7 Am. from	he causes and on	the date stated above.	
	23A, SIGNA		ZI		3B. ADDRESS	Λ.	23c. DATE SIGNED	
		Jokul /	Wai	rg Up.o.	401-40 V le	7100,000	5718/57	
24	A. BURIAL, ON REMOVAL (S	CREMA- 248. DATE	1	24C NAME OF CEMETE	RY OF CREMATORY 240. L	OCATION (City town	n, or county) (State)	
	Burid	1 Thay	2/1/98	-1 Word	fleur	Bala	aprel	
D/ LC	ATE RÉCEIVE DCAL REGIST		S SIGNATU	IŘE -	25. FUNERAL DIRECTOR	18.	ADDRESS	
1	IAY 1 919	511 huntingt	in //whi	week the said	6/5/20ame	1 KNUW /4	do Ab horles	
	VS 150		440		4 2 4		a M	



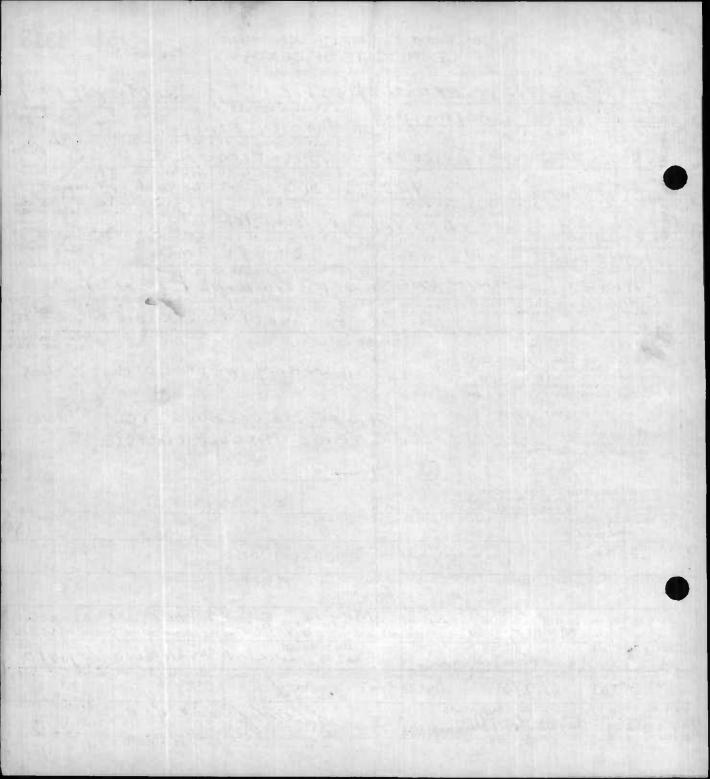
I. NAME OF DECEASED

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4513

2. DATE

(Type or Print) ELLEN HLBERTA H	ESLIE DEATH MAY 17, 1951							
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMA 612 E	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admir ion)							
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits write hural, and give							
INSTITUTION E. ZZ Zd. J-REET	BALTIMORE township)							
Yrs.	D. STREET ADDRESS (If rural, give location)							
c. Length of stay in Baltimore 9 125. Mos. Days	318 E. 22 nd. JTREE1.							
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  F. 5 13. 26, 1865  9. AGE (In years of Under I Year of Under 1 Year of Under							
10A. USUAL OCCUPATION (Givekind of OB. KIND OF BUSINESS OR Work done during most of working life, even if retired)	11. 8IRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?							
HOUSE WIFE   MICH !	14. MOTHER'S MAIDEN NAME							
NAMES CUNNINGHAM.	KATHERINE ELSHER							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT FRANCEST. FURTE . 318 F. 22 2457.							
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH							
DISEASE OR CONDITION DIRECTLY								
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO								
ANTECEDENT CAUSES  ARTERIOSELEROTIC								
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO CHIENIA-VAICELIA COLAR DISEASE							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED								
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED								
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION   20. AUTOPSY?							
NONE	YES NO K							
21a. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in about home, form, factory, street, office bldg., e								
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F, HOW DID INJURY OCCUR?							
TINJURY  WHILE AT NOT WHILE  MORK AT WORK								
22. I hereby certify that I attended the deceased from M	84 17, 1951, to MAY 17, 1951, that I last saw the							
	red at 44.45 m., from the causes and on the date stated above.							
Cullen Karten M. D. 4	230 LOCH / FAVEN BLUD. 5/17/51							
TION, REMOVE TION, REMOVE TO SPECIFIC SPECIFIC TO Cathedral								
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR // ADDRESS							
AV 1 01951 Turtington Williams Make	WIRDEFELD, & SON							
VS 150	GREENMOUNT AVE & 22nd							
	72)							



5 Bi	42 L 45 RTH NO.5	0		BAI			LTH DEPARTMENT OF DEATH	Registered N	1 4514	
1. (T	NAME OF type or Print	DECEASED )	FRED	ERICK	· A.	KLOCH	JR	of DEATH May	18, 1951	
Α.		City, Mary					4. USUAL RESIDENCE (1 A. STATE Maryland	Where deceased lived, If B. COUNTY	institution : residence before admiss	
H	FULL NAM OSPITAL OF ISTITUTION	2	ersity			eet address or location)		f outside corporate limits	s. write RWRAL and towns	give ship)
P	noth of	stay in Bal	timoro L	IFET	TIME	Yrs. Mos. Days	b. STREET ADDRESS (III	rural, give location) St. in Wood	shed	
Ш.	sex Male	6. COLOR	OR RACE	7. SINGL			B. DATE OF BIRTH	9. AGE (In years)	Under I Year If Under 24 nths Days Hours I	
1 C	A. USUAL (	OCCUPATION OSt of working life, a	(Give kind of yen if retired)	108. KIND	OF BUSIN	INDUSTRY	BALTO M	oreign country)	12. CITIZEN OF WHAT COUNT	rry
13	FATHER'S	S NAME ,	K A. I	KLO	CH-S	R R	14. MOTHER'S MAIDEN N			ř
V	. WAS DECE		U.S. ARMED war or dates	FORCES?	16. SOCI 2 (4-0	AL IRITY NO.	T-REN.A. KLOC	N 1172 CLÊ	VIO LA HA	_
	(This d	EASE OR CO LEADING oes not mean ailure, asthenia or complication	TO DEAT the mode of etc. It mean	H dying, e. is the disea used deat	g., (A) se.	Intin	<del>f DEATH</del> xiatiòn due t		INTERVAL BETW	
FICATION	RISE TO	SES OR CONE THE ABOVE OR RLYING CON	CAUSE (A)	STATING T	NG HE DUE T	70				
ERTIFIC	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED									
U	19a. DATE	OF OPERAT	ION   19	B. MAJOR	FINDING	S OF OPERA	TION		YES NO	170
EDICAL	UNDERLY	RNAL CAUSING D OR C	CONTRIB-			JURY (e. g., in reet, office bldg., etc		If in Baltimore City, g		
Σ	21b. TIME	(Month) (D			WHILE AT	NOT WHILE		r occur? f by sash o	ord	
	the e	tify that I	took charg	said Aut	onsu. Insp	eetion or In	ove, held an Inspec Autopsy, quiry, find that said a  \[ \begin{align*} \text{n}, accident  \text{n}, suicide \end{align*}	tion & Inquiry leceased died on the X, homicide \( \square\), u	litkereon and f e day stated ab ndetermined [].	ove
	23A. SIGN	ATURE	1	100	0	/	238. CHIEF MEDICAL	EXAMINER 23	c. DATE SIGNED	

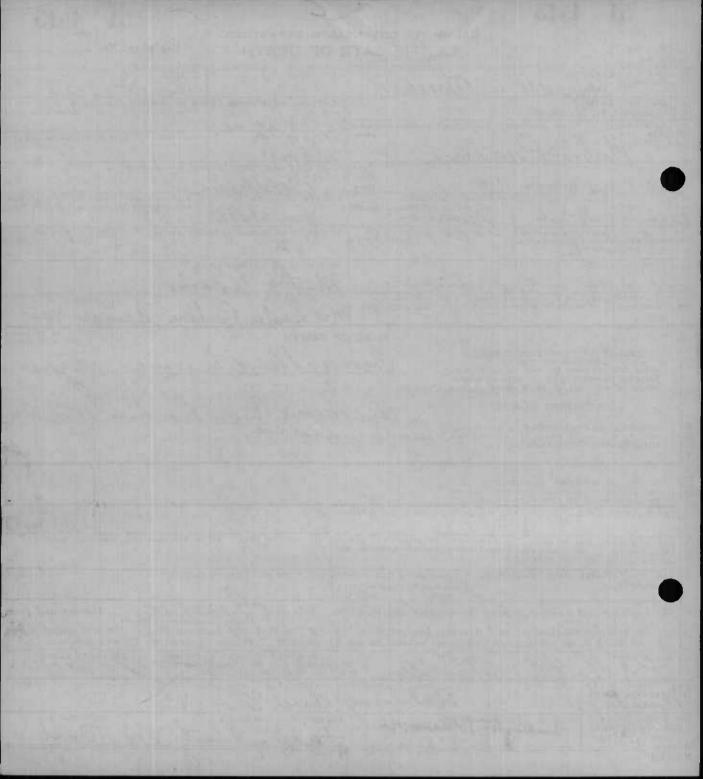
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V S 151

REGISTRAR'S SIGNATURE

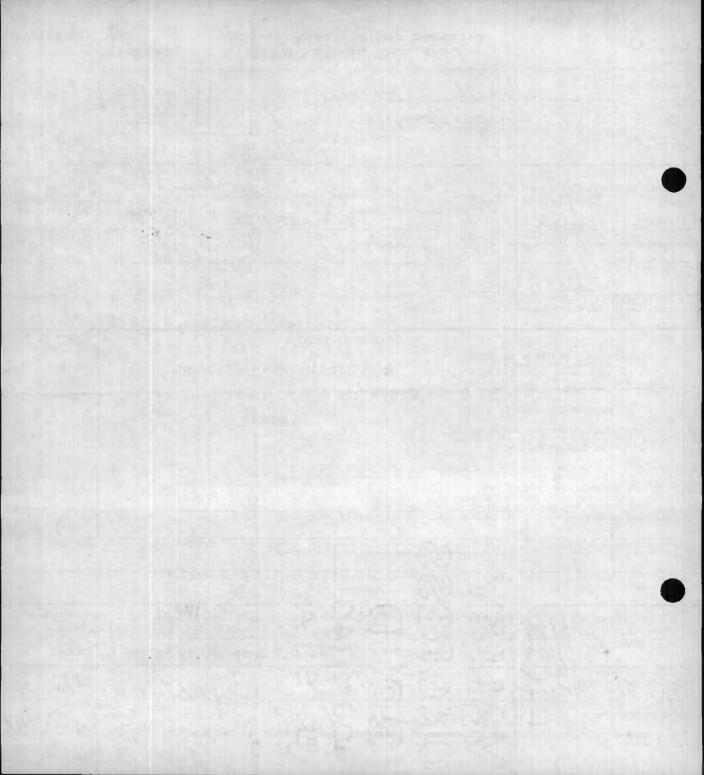
1951 (State)

V S 151

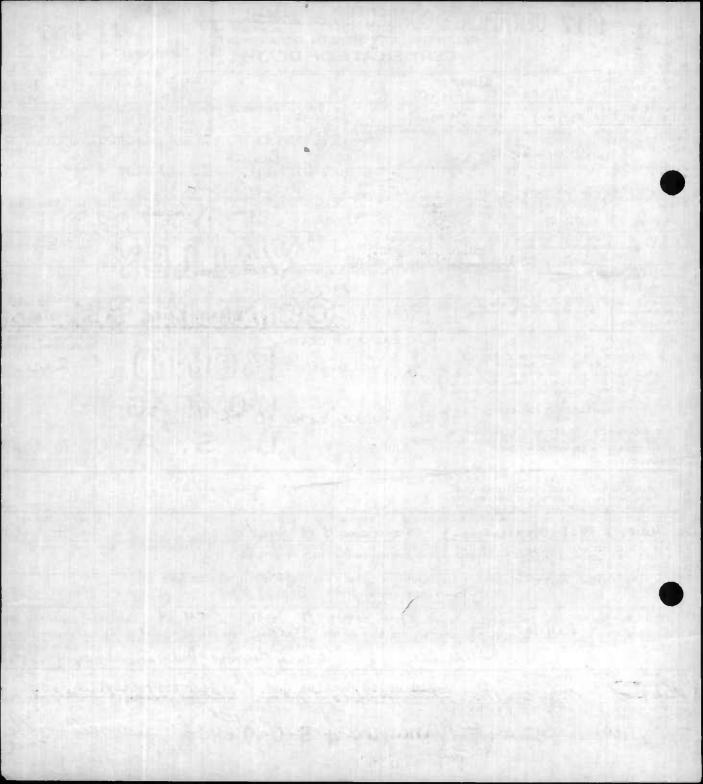


844 N.Carey St.Balt.Md 5/18/51 SIGNED CREMA-24c. NAME OF CEMETERY OR CREMATORY BURIAL. May 20, 195 25. EUNERAL DIRECTOR

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

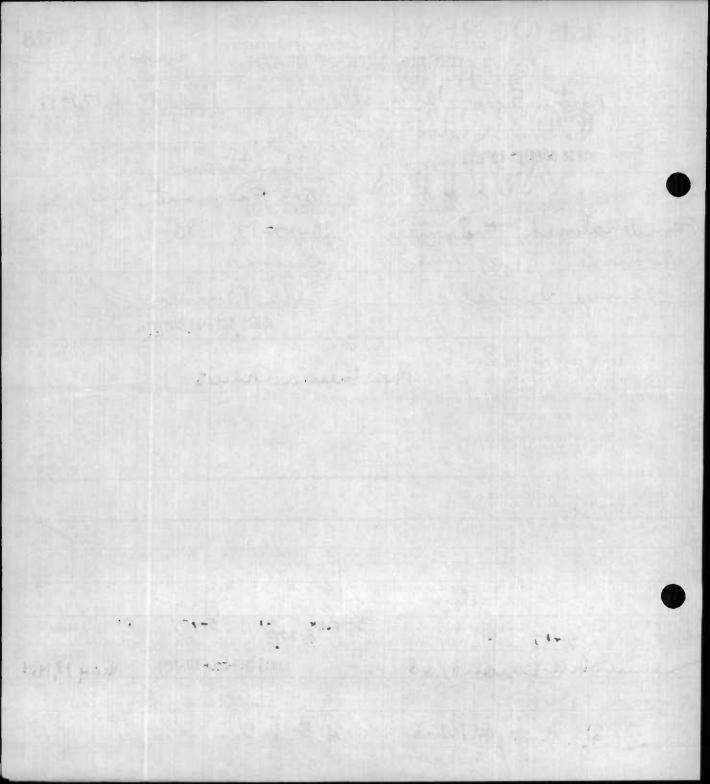


	51	4517 CER	TIFICAT	E CORRE	CTE	5-28-51	*	51	4517
1	RTH NO.			CERTIFIC	CATE	E OF DEATH	Registere	ed No_	1977
	NAME OF DI	Claret	Eliza ce 70	ung			2. DATE JU	ay 19	1957, 9:25
3.	PLACE OF DE Baltimore C	EATH: lity, Maryland				4. USUAL RESIDENCE (V			tution : residence before admission)
В.	FULL NAME O	OF (If not in hospi	tal or instituti	on, give street ad	dress or	C. CITY OR TOWN (If	Belair	Ma	nend
	institution therey Hogistal.					Belait			te RURAL and give township)
C.		tay in Baltimore		is	Yrs. Mos. Days	D. STREET ADDRESS (If	0	6	200
	Male	White	WIDOW	ED, DIVORCED	(Specify)	8. DATE OF BIRTH . July 12 , 1891 .	9. AGE (In years last birthday)		Days Hours Min.
worl	done during most of	CUPATION (Give kind of f worklog life, even if retired) Field Serv	- then	of Business ance Dept Tueen Pro		11. BIRTHPLACE (State or fo	oreign country)		CITIZEN OF WHAT COUNTRY?
13	. FATHER'S N	Young, ve			und	Mary Afice Dur	Lanz		
(Ye	. WAS DECEASE	D EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY		17 INFORMANT	Young,	ADBRI	Beledr,
	18. /	63X,		CA	USE	OF DEATH	-		NTERVAL BETWEEN
	DISEAS	E OR CONDITION LEADING TO DEA	TH		Con	onary thromby			2 1/2
	heart failui	not mean the mode re, asthenia, etc. It mes complication which	of dying, e.g	,		onary women	74		~ ~ ~ .
	ANTECEDENT CAUSES (B) Careinon of of the heigh								
LION	RISE TO TH	OR CONDITIONS, I	STATING TH	G		a want of the	· naif		
CA	UNDERLY	ING CONDITION LA	AST.	(C)			***************************************		
ERTIFICATION	TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D					Stall His
LC	194. DATE O	F OPERATION 3   1	19B. MAJOR	FINDINGS OF					20. AUTOPSY?
EDICA		8,1951 (Brown		CE OF INJURY		or 21c. WHERE DID (	lf in Baltimore Ci	ty give	YES NO NO
MED	LYING OR	CONTRIBUTING DEATH	about home, fo	rm, factory, street, off	ice bldg., e	injury occur?			- Audit rocation)
	INJURY	Month) (Day) (Year			T WHILE		Y OCCUR?		
14	22. I hereby	certify that I at	tended the	deceased from	lle	4 , 19 17, to	lay 19, 1	957, th	at I last saw the
	deceased al	ive on May 19	_, 19	and that death		red at 9: Wa.m., from t	he causes and o		ate stated above.
	ESA. SIGITAT	L'Eugen	L Hau	Ull Alle M	. D.	Mercy Hospital	Baltrum	· li	0419,1917
TIC	DA. BURIAL, CON, REMOVAL (S)	REMA- 24B. DATE pecify) May 2:	100	4c. NAME OF C	EMETER 3	aptiancem. 240. L	7	tsvil	unty) (State)
D	ATE RECEIVED	BY   REGUSTRAR	SIGNATU	RÉ		25. FUNERAL DIRECTOR	Just	ADI	DRESS
(	2 2019	51 ,	to the	Williamo	MA	Thurles & other	ush go	usre	Moville
M	A VS 150	1808	3 -	and state a second	1 × 1 1	30	00	,1	no med
			12,00	3	00			4	11/



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

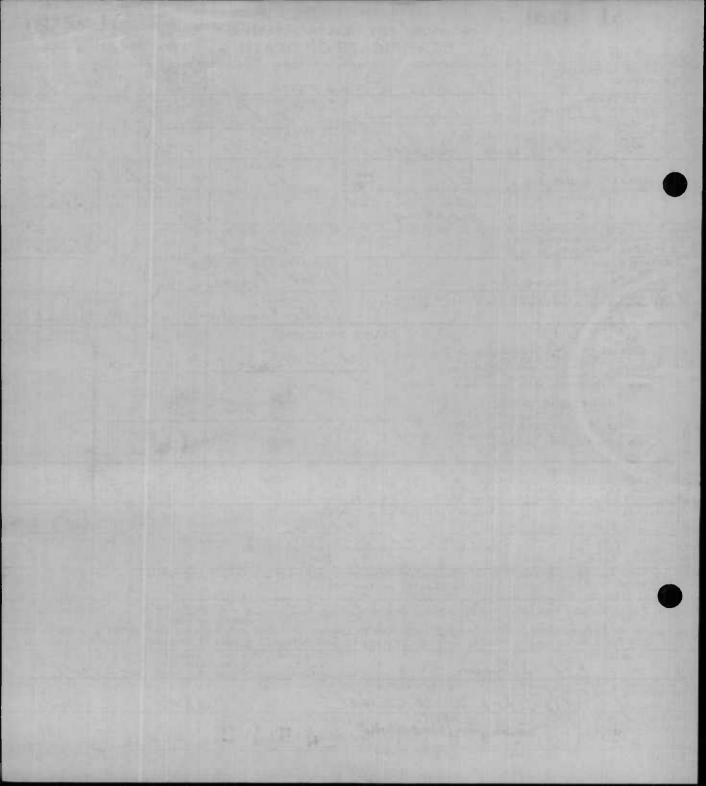
B	IRTH NO.	CERTIF	-ICAIL	OF DEATH	registered i	10		
-	NAME OF DECEASED							
(1	Type or Print)	c 1	. 01	) .	2. DATE	12100		
-	PLACE OF DEATH:	Jue Ju	merci	a.	DEATH ITU	4111951		
	Baltimore City, Maryland			4. USUAL RESIDENCE (	Where deceased lived, if B. COUNTY	before admission)		
В.	FULL NAME OF (If not in hospi	ital or institution, give stree		mil.		, and a definition of the		
H	OSPITAL OR			C. CITY OR TOWN (I	f outside corporate limit	s, write RURAL and give		
6	STITUTION LONG HOPE	no reality!		13.11	15	township)		
5			Yrs.	D. STREET ADDRESS (If	rural, give location)			
-	anth of stars in Baltimans	10,000	Mos.	-1 -N -	+ 0			
	SEX   6. COLOR OF RACE	7. SINGLE MARRIED.	Days	013" - ne		me.		
T		WIDOWED, DIVORC		8. DATE OF BIRTH		onths Days Hours Min.		
L	simule Calines	manne	di .	10-17-17	33			
ror	DA. USUAL OCCUPATION (Give kind of Life) and during most of working fife, even if retired		NDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
	Houseworks	at Mone		Gleander		WHAT COUNTRY?		
13	FATHER'S NAME	15		14. MOTHER'S MAIDEN N	AME			
	War	. 90		600 K				
15	5. WAS DECEASED EVEN IN U. S. ARME	mens.		- CUL 12	namy			
(Ye	s, no or unknown) (If yes, give war or dat		ITY NO.	17. INFORMANT	A A A A A A A A A A A A A A A A A A A	DDRESS		
				COARD DE	LTIES HOSELLE			
	18. 744.0		CAUSE O	F DEATH		INTERVAL BETWEEN		
	DISEASE OR CONDITION	DIRECTLY				ONSET AND DEATH		
	LEADING TO DEA	ATH .	War and	Leaving Con.	. 12			
	(This does not mean the mode heart failure, asthenia, etc. It me	ans the disease,	Holand L		(4.5)	***************************************		
	injury or complication which	caused death.) DUE TO				(1) (C) (A) (C) (E)		
	ANTECEDENT CAU	SES						
Z	(B)							
0	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A)	F ANY, GIVING STATING THE DUE TO						
4	UNDERLYING CONDITION L	AST.						
0		(C)	******************		***************************************			
	11							
田兄	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT	ITIONS CON-						
Ü	TO THE DISEASE OR CONDITION	CAUSING IT						
J	19A. DATE OF OPERATION	198. MAJOR FINDINGS	OF OPERA	TION		20. AUTO 54?		
A						YES NO		
2	21A. ACCIDENT WAS UNDER-	218. PLACE OF INJU	RY (e. g., in o		If in Baltimore City,	give exact location)		
Ш	LYING OR CONTRIBUTING CAUSE OF DEATH	about home, farm, factory, stree	e, omes mag., ecc.	) INJURY OCCUR?				
Σ	TIME (Month) (Day) (Year	(Hour)   21E. INJURY	OCCURRED	21F, HOW DID INJUR	Y OCCUR?			
	NJURY	WHILE AT	NOT WHILE					
		m. WORK	AT WORK					
	22. I hereby certify that I at	tended the deceased fr	rom 3-	-26 1951, to	5-17 , 195	I, that I last saw the		
	deceased alive on 5-17	, 19 <b>5</b> /_, and that de	ath occurre	ed at 10 53 km., from t		he date stated above.		
	23A. SIGNATURE	1 0	235	B. ADDRESS	IND MODRALL	23c. DATE SIGNED		
	Luciah a. E	augudes	M. D.	Tand Street	The Roselly	May 18 1951		
2	4A BURIAL, CREMA- 248. DATE	24c. NAME o	Marie Control of the	OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)		
u r	ON REMOVAL (Specify)	-37.		lit	lanas Han	~ (0)		
D	ATE RECEIVED BY   REGISTRAR	'S SIGNATURE	1 2	5 FUNERAL DIRECTOR	- Cola	ADDRESS		
	OCAL REGISTRAR	4 OF ENING	I HAROS	LA EN IN	212	e de la companya de l		
	MAY 201951 1 1	COLUMN THE STATE OF THE STATE O	100	Mr. a. sacras	w - 410 /2	nas, lee		
	VS 150	· 6 一种 10 10 10 10 10 10 10 10 10 10 10 10 10	中国中国			1-10		
		in Andrew				15612		



51 4519

BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Robert F. Elburn	2. DATE OF DEATH SIGNSI
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	
South Baltimore General Mospital	Baltimore 23-02 township)
c. ngth of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) If Under I Year   If Under 24 Hours
Male White Separated  10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
rock done during most of working life, even if retired)  INDUSTRY	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Edwards
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
18. /78 X CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	indicad North 11: 200 3 3 3 400
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	relized herflasic Visease & 3 yrs,
ANTECEDENT CAUSES	relixed Neoplastic Disease 2-3 yrs,
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	inchop neumonia
19A, DATE OF OPERATION   198 MAJOR FINDINGS OF OPER	
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., (	nor   21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING   about home, farm, factory, street, office bldg., CAUSE OF DEATH	etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from	4 51 , 19 , to 5 19 51 , 19 , that I last saw the
deceased alive on 5/19/51, 19 and that death occur	rred at A. m., from the causes and on the date stated above
23A. SIGNATURE 2 Linearly & Id. Freshel M.D.	1213 Light St. 23c. DATE SIGNED 5/19/5/
24A. BURIAL CREMA 24B. DATE 24C. NAME OF CEMETE	
DATE RECEIVED BY REGISTRAN'S SIGNATURE	25. JUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR Thuttu stor Milianus, Mili	Ecte as he have Thend Hill
MAYv2.001951	- 0.1
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DATE RECEIVED BY

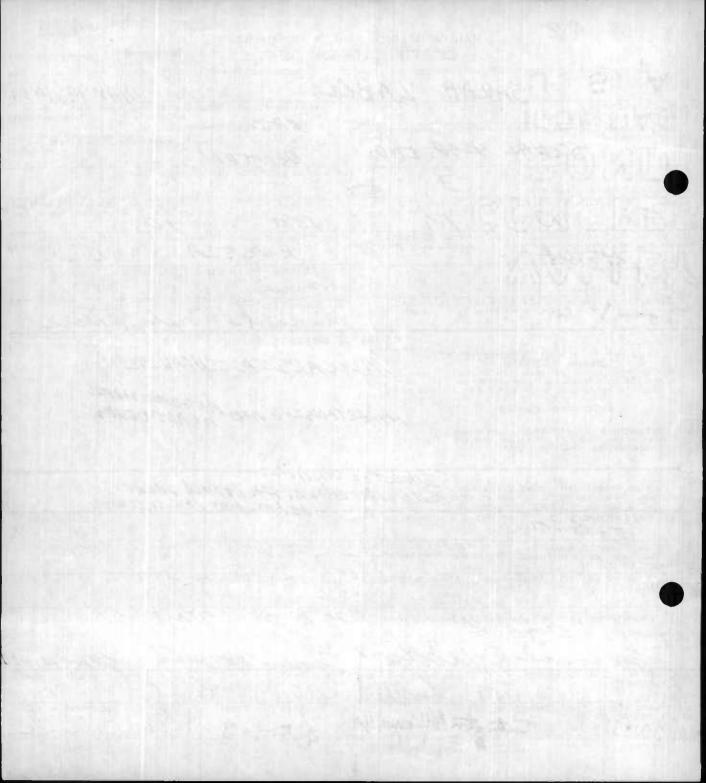
LOCAL REGISTRAR

SIGNATURE

/

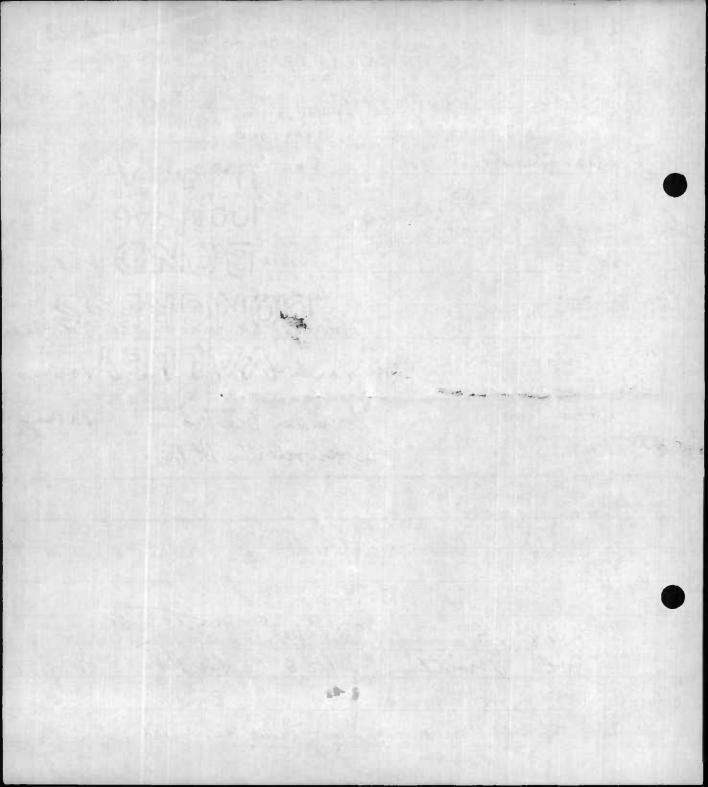
5. FUNERAL DIRECTOR

ADDRESS



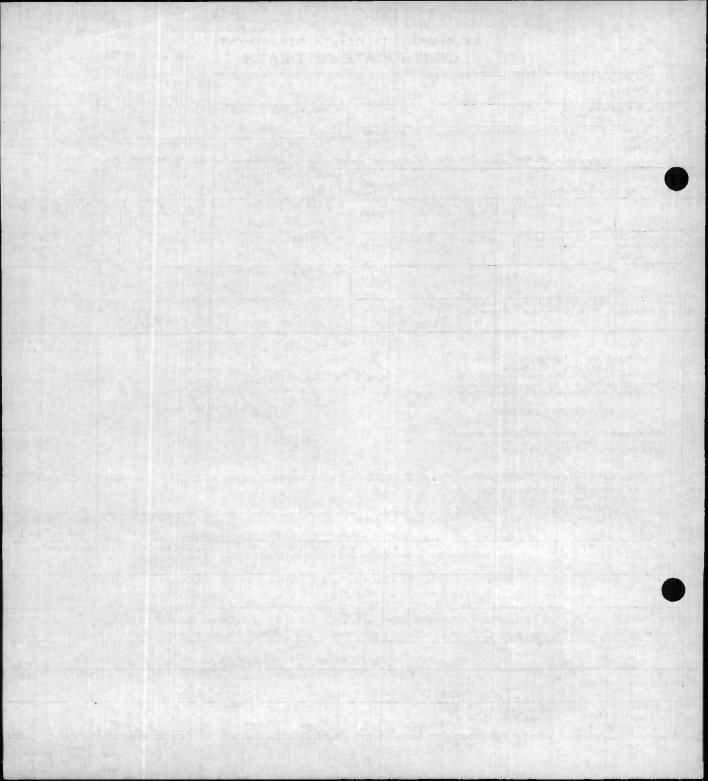
		A Copper
Registered	No	

BIRTH NO.	CERTIFICATI	E OF BEATH	8	
1. NAME OF DECEASED (Type or Print)	C	,	2. DATE OF	19 100
S. PLACE OF DEATH:	SILVERMAN	4. USUAL RESIDENCE (Wh	DEATH //A	ustitution: residence
A. Baltimore City, Maryland		A. STATE	B. COUNTY	before admission)
B. FULL NAME OF (If not in hospital HOSPITAL OR	al or institution, give street address or location)	C. CITY OR TOWN (If or	utside corporate limits	, write RURAL and give
INSTITUTION 2510 GUA	NTICO AUE	BaLTIMORE	15-	13 township)
	Yrs.	D. STREET ADDRESS (If ru		
c. Bength of stay in Baltimore	30 Page	2510 GUANT		
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Moi	under I Year It Under 24 Hours  1ths Days Hours Min.
10A. USUAL OCCUPATION (Givekindof	10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fore	65	12. CITIZEN OF
ork donoduring most of working life, even if retired)	INDUSTRY	RUSSIA		WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME .	0.5.2
NOT KNOWN		NOT KNOWN		
15. WAS DECEASED EVER IN U. S. ARMED Yes, no or unboowo) (If yes, give war or date		17. INFORMANT	AC	DDRESS
(11 you, give war or date)	SECURITY NO.	VENNIE SILVE	RMAN - 251	O PUBNICO A
18. 470.0	CAUSE	OF DEATH	0	INTERVAL BETWEEN
DISEASE OR CONDITION		- 1. cl & l	1. 1.	10 de
(This does not mean the mode of heart failure, asthenia, etc. It mca	of dying, e.g., (A)	vana 7 mg	mesu.	10 days
injury or complication which c	eaused death.) DUE TO			
ANTECEDENT CAUS	ES	ronay Oce 1 teroselevito !	asim	10 duy
DISEASES OR CONDITIONS, IN	F ANY, GIVING	journey out		
RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUE TO	terosclerito !	Has.	
	(C)			
OTHER SIGNIFICANT CONDI	TIONS CON-			
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED			
	98. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
				YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., ic aboot home, farm, factory, street, office bldg., e		in Baltimore City, g	ive exact location)
TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRI	ED 21F, HOW DID INJURY	OCCUR?	
	m. WHILE AT NOT WHILE			
22. I hereby certify that I att	tended the deceased from m	in 8 , 1951, to m	× 18, 195	that I last saw the
deceased alive on 5/18	, 1951, and that death occur	red at 3 m., from the	causes and on th	e date stated above.
23A. SIGNATURE	mitt	2 42 6 S. A.	v Pl	23C. DATE SIGNED
24A. BURIAL, CREMA, 24B. DATE	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LO	CATION (City, town,	or county) (State)
BORING MAY 20	1951 Rosedere	8	Q LTO.	MD
DATE RECEIVED BY   REGISTRAR	S SIGNATURE -	25. FUNERAL DIRECTOR		ADDRESS
MAY 201951	rate Milliams, Milliams	factor Leurs Ine	- 2100 61	itan I'L
VS 150	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			and D
	59068			737



51 4523 CERTIFICATE 51 4523 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH May 18, 1951 Eva S Waters 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland Balt more Md. A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Baltimore Md HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1439 Homestead St Baltimore Md o. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Life 1439 HOmestead St Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) | Months: Days | Hours : Min. WIDOWED, DIVORCED (Specify) Female White Jan. 26. 1892 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Drug Clerk Sales Baltimore Md U.S A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martin Schmelz Sarah Sherwood 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 212-07-1318 Margaret Bryan. (Sister) 1439 Homestead St INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) -11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 EDICAL Harres YES 21B. PLACE OF NJURY (v. g., in or about home, farm, factory, strept, office bldg., etc.) INJURY OCCUR? MA. ACCIDENT, SUICIDE. (If in Baltimore City, give exact location) (Specify) HOMICIDE Σ . TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK 1957, to may 18, 1857, that I last saw the 22. I hereby certify that I attended the deceased from FCO TV West 171951, and that death occurred at 1030 Any from the Auses and on the date stated above. deceased alive on. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED essular M. D. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24C. NAME OF CEMETERY OF CREMATORY | 240. LOCATION (City, town, or county) Burial May 21, 1951 Moreland Memorial Park ltimore Md DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

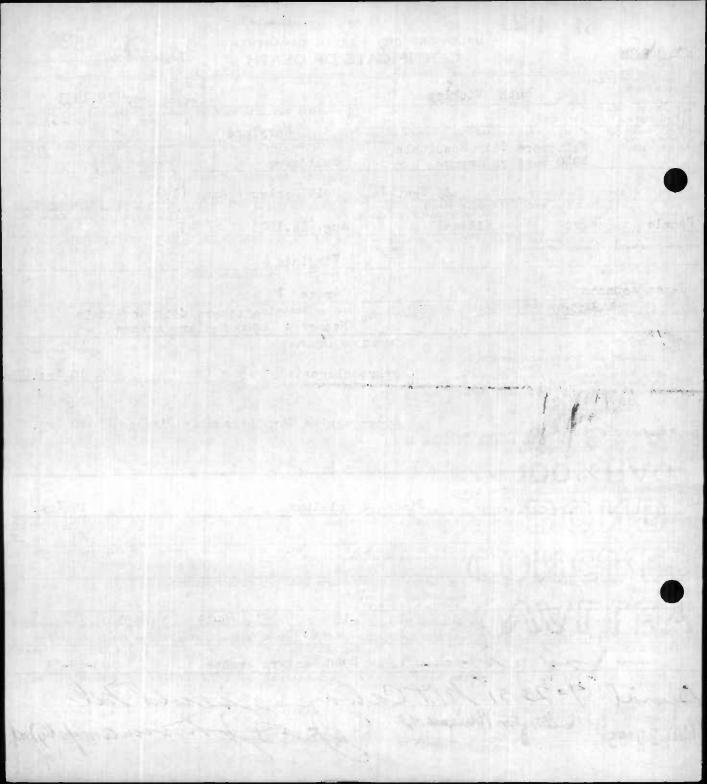
VS 150



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4524

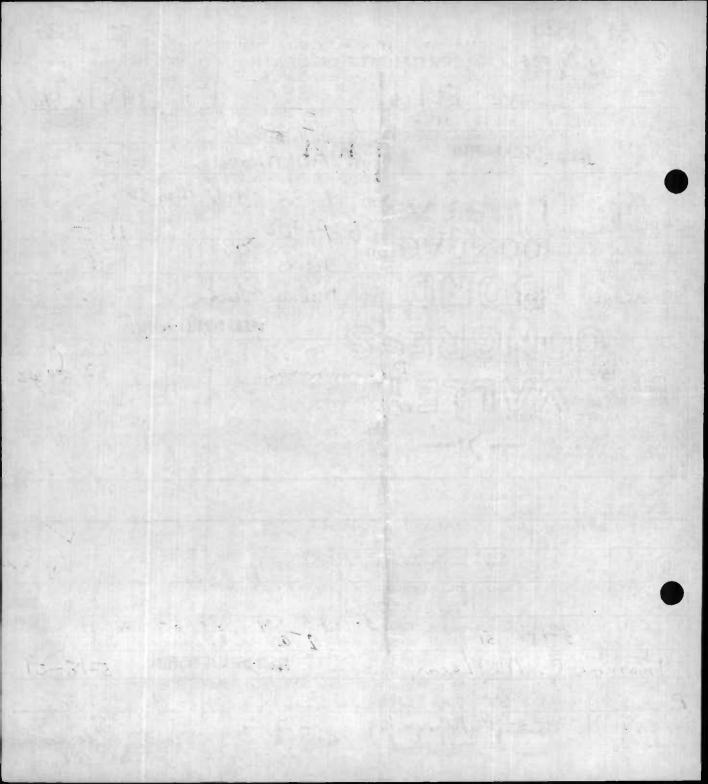
1.	NAME OF E	DECEAS		th Mi	ckles		2. DATE OF May	19,1951
A.	Baltimore	City, M				4. USUAL RESIDENCE (V		
H	FULL NAME OSPITAL OR				tion, give street address or location)	Maryland (If		· NYINA I
IL	NSTITUTION	1	altimore	City	ospitals		outside corporate limit	s, write RURAL and give township)
4		- 4	1940 East	ern Ave	Yrs.	Baltimore D. STREET ADDRESS (If	www.l. mine last district	
-	math of	store in	Daltimone		- Mos			
	Length of s		OR OR RACE	7 SINGI	25 Yrs. Pays	919 Harlem Ave		f Under 1 Year   If Under 24 Hours
	emale	Neg	gro	Widow	VED, DIVORCED (Specify)	Aug. 16,1905	last birthday) Mo	onths Days Hours Min.
10	DA. USUAL OC k done during most	OCUPAT of workion	ION (Give kind of life, even if retired)	108. KINI	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
					Moodiki	Virginia		WHAT COUNTRY
13	B. FATHER'S	NAME				14. MOTHER'S MAIDEN N	AME	
	James Jo	hnsor	n			Grace ?		
15	5. WAS DECEAS	ED EVER	IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANTBaltim	-ma Cita Had	DDRESS.
(	m, no or onanown)	(11.30	e, give war or gave	s of service)	SECURITY NO.	Records: 4940 E	astern Avenue	pivars
	18. 4	Vary			CAUSE	OF DEATH	asvein myenue	INTERVAL BETWEEN
	DISEA	SE OR	CONDITION	DIRECTIV	CAUSE	OF DEATH		ONSET AND DEATH
		LEAD	ING TO DEA	TH	Nephros	elorogie		10 Yrs.
	heart failt	ire, asth	enia, etc. It mea cation which c	ns the diseas	se,	,01010010		10 215.
		ANTEC	EDENT CAUS	ES				
Z	U						20 Yrs.	
CATION	RISE TO 1	THE ABO	ONDITIONS, I	STATING TI	NG HE OUE TO			
A	UNDERL	YING C	ONDITION LA	ST.	(C)			
문					(0)			
RT	OTHER S	EIGNIEI	II CANT CONDI	TIONE CO.				
Ш	TRIBUTING	G TO TH	E DEATH, BUT	NOT RELATE	D	Mellitus		10 Yrs.
U	19A. DATE O		OR CONDITION		FINDINGS OF OPER			1 20. AUTOPSY?
CAL	ISA. DAIL	J. OF L	TATION 1	SB. MAJOR	FINDINGS OF OPER	ATION		
<u>0</u>	21A. ACCIT	DENT W	AS UNDER-	218. PL/	ACE OF INJURY (e. g., is	or   21c. WHERE DID (1	If in Baltimore City, s	
MEDI		R CONT	RIBUTING	about home,	farm, factory, street, office bldg., s	te.) INJURY OCCUR?		
	TIME	(Month)	(Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
				m.	WHILE AT NOT WHILE			
	22. I hereh	ne corti	for that I att	anded the		-18 1951 to 5	-19 1057	, that I last saw the
	deceased a			1951		red at 6:30am., from t	he causes and on the	be date stated above
	23A. SIGNA		7/	, 10		38. ADDRESS	ne causes and on it	23c. DATE SIGNED
	The same		10.	(10-	Sec un	4940 Eastern Aven	ue	5-19-51
2	AA, BURIAL,	CREMA-	24B. DATE	2		RY OR CREMATORY 240. L		or county) (State)
1	N. REMOVAL	opedity)	4-23	51	mycal	1. 1	Pare IV	not.
	ATE RECEIVE		REGISTRAR	SIGNATA	IRE L	25. FORERAL DIRECTOR	more 1	ADDRESS
LC	AAV D	RAR	Thurting	你一个	hause, Make	12 R.	-hann	m / //
4	14Y 201	351	10 0000	TO ALL		11/30	rrow	cemaparyna
	VS 150		. Automotive	小心的不是	ME Complement of	/ //		11,



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

4525

BIRTH NO. 50. 12888	CERTIFICAT	E OF DEATH Registere	d No.
1. NAME OF DECEASED (Type or Print)	ELLIS	2. DATE OF DEATH	A7(18, 1957
3. PLACE OF DEATH: A. Baltimore City, Maryland HLH	-OPD	A. STATE  A. STATE  B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or instituTION)	ution, give street address or location)	C. CITY OR TOWN (If outside corporate li	mits, write RURAL and give township
c. Length of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	t
5. SEX   6. COLOR OR RACE   7. SING	Days LE, MARRIED. DWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Year H Under 24 Hours Months Days Hours Min.
	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LAWRENCE ELLIS		14. MOTHER'S MAIDEN NAME Thelma Lewis	V
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
LEADING TO DEATH  (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disc injury or complication which caused dea   ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTINUES TO THE DEATH, BUT NOT RELABILITY.		Lowys	
TO THE DISEASE OR CONDITION CAUSING	IT. PR FINDINGS OF OPER		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about hom	LACE OF INJURY (e. g., in e, farm, factory, street, office bldg., e	a or 21c. WHERE DID (If in Baltimore Cit	y, give exact location)
TIME (Month) (Day) (Year) (Hour) NJURY m.	21E. INJURY OCCURRI	ED 21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deccased alive on 1951	, and that death occur		that I last saw the the date stated above.
100 REMOVAL (Specify)  During May 248. DATE  100 REMOVAL (Specify)  May 20 /51	Mr. Calva	ry or CREMATORY 24D. LOCATION (City, to	wn, or county) (State)
MAY 201951	Milliams, Mar	18. The O. Ellips	ADDRESS Payaleter
VS 150	SACTOR STATES	1129 M. Curse	ie \$1,109B

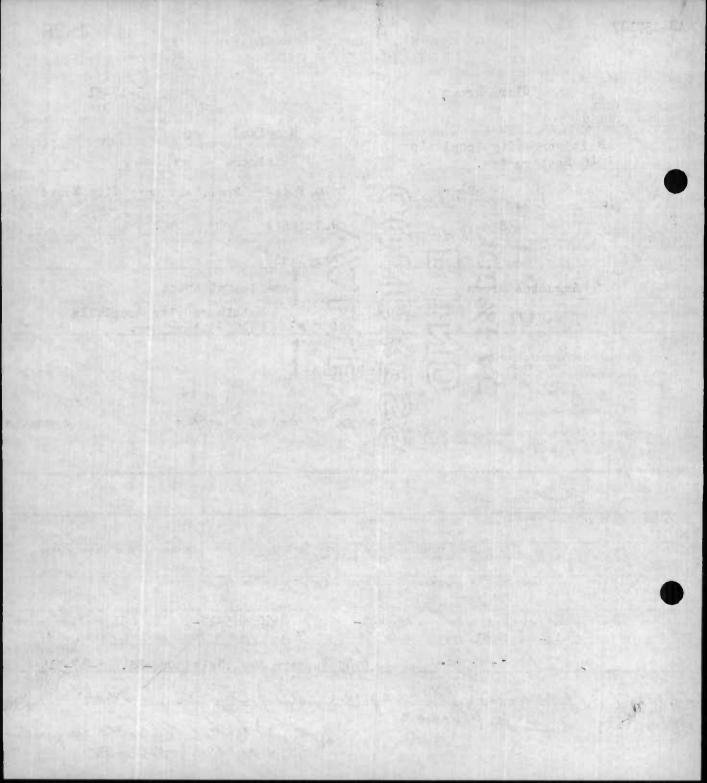


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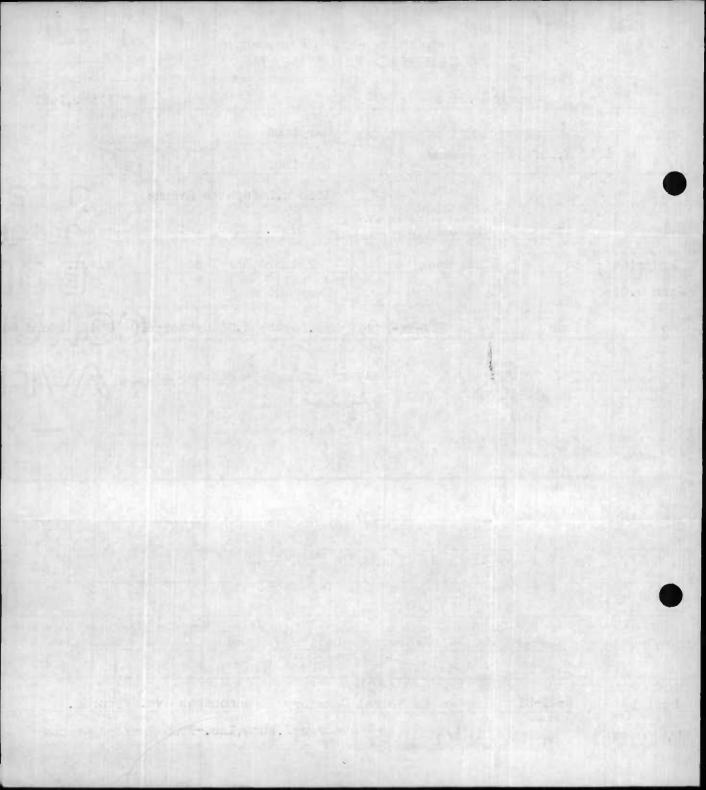
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Clara Brown OF 5-17-51 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR Baltimore City Hospitals location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Ave. 26-1 Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Beigth of stay in Baltimore 4940 Eastern Ave. Baltimore City Mospitals Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWEO, DIVORCEO (Specify) 9. AGE (In years | fl Under 1 Year | ff Under 24 Hours last birthday) | Months Days | Hours Min. Single ?\_?\_1861? 907 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of worklog life, eyeo if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Augustus Brown Amelia Patterson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT Baltimore City Hospitals (Yes, oo or uokoown) (If yes, give war or dates of service) SECURITY NO. Records: 4940 Eastern Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Gastrie Ulcar l week (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEOENT CAUSES Carcinoma of head of Pancreas 6 months RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPS EDICAL 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID. (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT AT WORK 22. I hereby certify that I attended the deceased from 4-6-1950, to 5-17-, 19 51 that I last saw the deceased alive on 5-17- 19 51, and that death occurred at 7 h m., from the causes and on the date stated above. 23A. SIGNATURE - M. D. 4940 Eastern Ave. Baltimore Md. BURIAL, CREMA-24B, DATE 24C. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify) RECEIVED BY ADDRESS 25. FUNERAL DIRECTOR

VS 150



51 4527 Registered No.

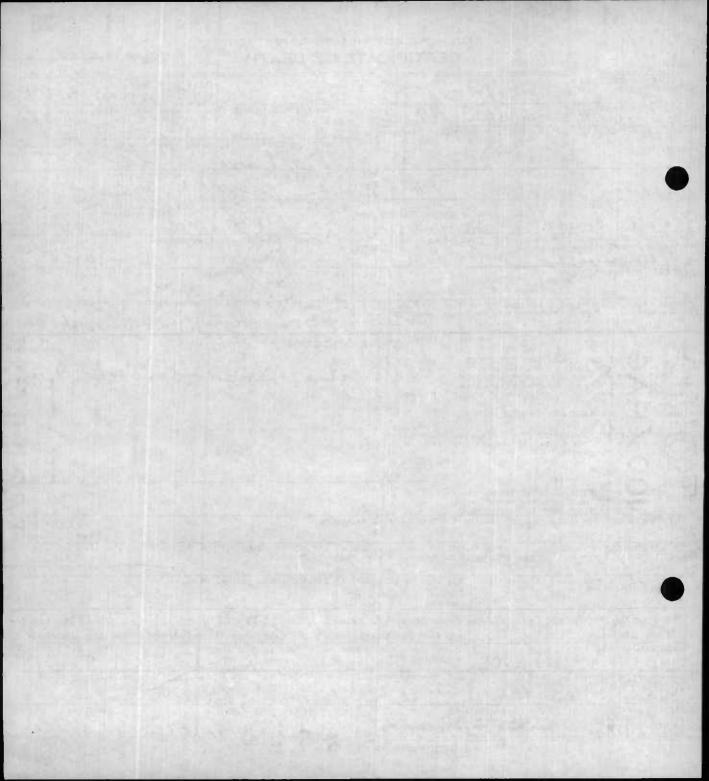
BIRTH NO.	OZKIM IOKII	- OI BEATT			
1. NAME OF DECEASED		2. DATE			
(Type or Print) George	e W.Gipe	DEATH May I7th., 1951			
3. PLACE OF DEATH:  a. Baltimore City, Maryland		A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or HOSPITAL OR	institution, give street address or location)	Maryland			
INSTITUTION ISIS E. Lafayett	te Avenue	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
V V		Baltimore			
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
c. Length of stay in Baltimore	Days	I3I3 E.Lafayette Avenue			
5. SEX 6. COLOR OR RACE 7.	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years It Under I Year It Under I Y			
Lale White	Widowed	Jan 31st.1881 70 3 16			
10A. USUAL OCCUPATION (Give kind of 10) work done during most of working life, even if retired)	B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF			
	Lunch Room	Baltimore, Maryland U.S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
John h.Gipe		Mary Mopps			
15. WAS DECEASED EVER IN U. S. ARMED FOI (Yes, no or unknown) (If yes, give war or dates of se	RCES? 16. SOCIAL ervice) SECURITY NO.	17. INFORMANT ADDRESS			
No None	217-14-2779	Mrs.Bertha E.Slaughter-6I04 Old Harford R			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, c.g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)					
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAL	RELATED				
19A, DATE OF OPERATION   19B. I	MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?			
Y		YES NO			
LYING OR CONTRIBUTING about	21B. PLACE OF INJURY (e. g., in out home, farm, factory, street, office bldg., e	a or 21c. WHERE DID: (If in Baltimore City, give exact location) inJURY OCCUR?			
TIME (Month) (Day) (Year) (Ho	ur)   21E. INJURY OCCURRE	21F. HOW DID INJURY OCCUR?			
INJURY	m. WHILE AT NOT WHILE				
22. I hereby certify that I attend	led the deceased from	may 1 1946 to may 17, 1951, that I last saw the			
deceased alive on June 15, 19	956 and that death occur	red at 1245 7m., from the causes and on the date stated above.			
23A. SIGNATURE TO SIGNATURE		3B. ADDRESS 23C. DATE SIGNED 5-18-51			
24A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETER				
Burial 5-2I-5I	New Cathedral	Cemetery Edmondson ave.Balto:Md.			
DATE RECEIVED BY   REGISTRAR'S SI		25. FUNERAL DIRECTOR ADDRESS			
MAY 201951	9-5Kil 0, 2.0	George J.Ruth Inc1735 Harford Avenue			



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BI	RTH NO.			OLIVIII ICATI	L OI DEATH	9	
	NAME OF D	ECEASED	m	ary R. S.	taley	2. DATE OF DEATH	ay 19,1951
Α.		City. Maryland/6		poleton St.	4. USUAL RESIDENCE (		institution: residence before admission)
HC	FULL NAME OSPITAL OR STITUTION	OF (11 not in nospit	C Instituti	n give street address or location)	C. CITY OR TOWN	If outside corporate limit	s, write RURAL and give township)
10)				Yrs.	D. STREET ADDRESS (1)	f rural, give location),	
c.	Length of s	tay in Baltimore		10 Moa	1634 n. ap	pleton St.	
9	SEX Curale	6. COLOR OR RACE		MARRIED, ED, DIVORCED (Specify)	Saw. 1. 1878		onths Days Hours Min.
work	done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S		0	1	14. MOTHER'S MAIDEN	NAME	00 0, 17.
		Hu	my to	husm.	Carri	e Henry	
15 (Yes	, WAS DECEASI	ED EVER IN U. S. ARME (If yes, give war or date	D FORGES?	16. SOCIAL SECURITY NO.	17. INFORMANT P. Bruce Ede	my, 1634%.	Oppleton St.
	18. 4	77.1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND OBATH
	DISEA	SE OR CONDITION		<b>b</b>	0 - 0.	0 1	ONSE! AND DEATH
		LEADING TO DEA s not mean the mode are, asthenia, etc. It me	of dying, e. g		des 10 hs	well a	sens 2 you
10		complication which					0
		ANTECEDENT CAU	SES				
ó	DISEASE	S OR CONDITIONS,	IF ANY, GIVIN	(B)			
AT	UNDERL	THE ABOVE CAUSE (A)	AST.	E DUE TO			
FIC				(C)			
ERTI		II SIGNIFICANT COND		٧-			
CE		G TO THE DEATH, BUT DISEASE OR CONDITION					
4	19A. DATE C	OF OPERATION O	19B. MAJOR	FINDINGS OF OPER	RATION		YES NO NO
EDICAL		ENT. SUICIDE.		CE OF INJURY (e. g., i		(If in Baltimore City,	
밉	HOMICIDE	(Specify)	about home, f	arm, factory, etreet, office hldg.,	otc.) INJURY OCCUR?		
2	TIME INJURY	(Month) (Day) (Year	) (Hour)	2 IE. INJURY OCCURR	ED 21F. HOW DID INJUF	RY OCCUR?	
			m.	WORK NOT WHILE			
	22. I hereb	by certify that I at			1950to 1		that I last saw the
	deccased a		_, 19		rred at . 43 f.m., from	the causes and on t	he date stated above.
	23A. SIGNA	H-WC	th	м. D.	38. ADDRESS	etry	5 20 5
	N REMOVAL			24C. NAME OF CEMETE	RY OR CREMATORY 240.	LOCATION (City, town	, or county) (State)
_	Buria	( May 20		ROSLITUL	( emeleny )	Magerelow	, min.
	MAY 20		SSIGNATU	blians, M.	Charles .	Law, 802 M	adion ave
	VS 150	Lay.	The state of	er or Fireby, National Co. 25	4 3 2 0		Das



BALTIMORE CITY HEALTH DEPARTMENT Registered No .\_ CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DATSY PARKER May 18, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Provident Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2115 Division Street ngth of stay in Baltimore 40 yrs. Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH AGE (In years | | Under | Year | | Under 24 Hours | last birthday) | Months: Days | Hours | Min. Female Colored Married Feb. 25, 1891 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY U. S. A. Housewife At home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Gaines Elizabeth 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Earl Parker, son, 2115 Division Street INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Stab wound of chest involving aorta (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, xxxxx with intrapericardial and intrainjury or complication which caused death.) ANTECEDENT CAUSES thoracic hemorrhage RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY AL 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING X OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING II CAUSE OF DEATH. 2115 Division Street Home 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Stabbed with ice pick Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide X, undetermined [].

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ... ASSISTANT MEDICAL EXAMINER ... 23c. DATE SIGNED May 19, 1951 MEDICAL INVESTIGATOR

TION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTE

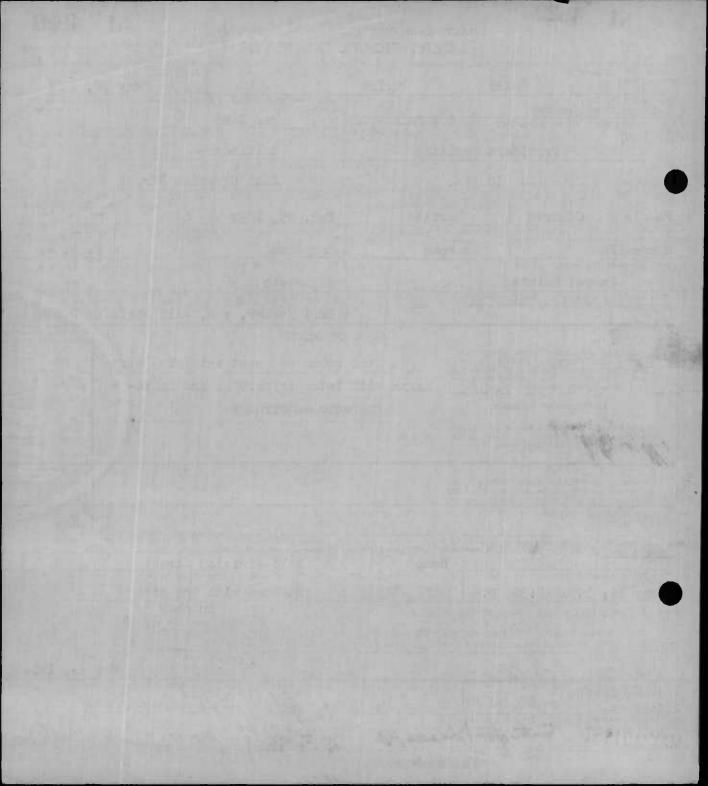
FUNERAL DIRECTOR

ADDRESS

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REGISTRAR'S SIGNATUR

May 23, 19

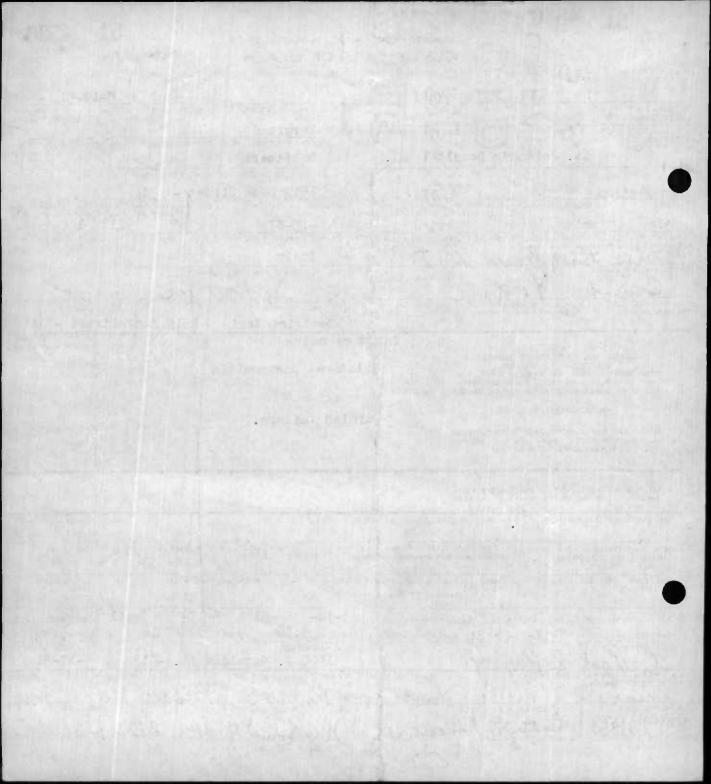


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# BALTIMORE CITY HEALTH DEPARTMENT

51 - 4530

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) JOHN PETER YORI 5-17-51 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland before admission) B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) St. Joseph's Hespital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos length of stay in Baltimore Yrs. 1519 Bank Street -Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years 8. DATE OF BIRTH If Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 11 Male 6-15-87 Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF vork done during most of working life, even if refired) INDUSTRY WHAT COUNTRY? Italy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TAKNUIT Co. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO Beatrice Yeri 1519 Bank Street - 31 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Bilateral pneumonitis (A) .. heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Cardiac failure. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE 1951 to 5-17-5-16-. 1951, that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 5-17-, 19.51, and that death occurred at 5:30am, from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 1400 N. Caroline St. - 13 1 au 24A BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) 248. DATE DATE RECEIVED BY AL REGISTRAR



В	RTH NO. CERTIFICATI	E OF DEATH	Registered 1	No.
1. (T	NAME OF DECEASED Norman Maisel	2	OF 5-	19-1957
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W		institution: residence before admission
H	FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR STITUTION.		land !	afternare is, write RURAL and give
1	8T. Agues Hospital	atonsville /	Rullino	2 township
G	Yrs. Mos. Days	o. STREET ADDRESS (If 1	rural, give location)	6300
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WOOWED, DIVORGED (Specify)	8. DATE OF BIRTH 9-1-1899	9. AGE (In years last birthday) Mo	f Under 1 Year If Under 24 Hours onths Days Hours Min.
work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  Carles Very	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	11/	
15 (Yes	. WAS DECEASED EVER IN U. S. AFMED FORCES? 16. SOCIAL h, no nr unknown) (If yes, give war of dates nf service) SECURITY NO.	17. INFORMANT	Warne	DBRESS (I)
	13038047	Grace	3 Trevos	I Calona
	DISEASE OR CONDITION DIRECTLY	OF DEATH	2	ONSET AND DEATH
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	- Kentucular	Degen	eration
	injury or complication which caused death.) OUE TO	pertrop Ly	+ ator	ey l
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	code TV Co	ngester	Muslun
ATIC	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	11/10000	tia	
FIC	(C)			a wer
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Lets Mi	11:20	
_	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	ATION	744.7477	20. AUTOPSY?
EDICA	21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (II	in Baltimore City,	YES NO NO
MED	LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., e	tc.) INJURY OCCUR?		sive cause tocation)
	21p. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRE	21F. HOW DID INJURY	OCCUR?	
1	m. WHILE AT NOT WHILE	4.0	-1-	
	deceased alive on, 195%. and that death occur	19 to to		L, that I last saw the
	23A SIGNATURE 2	3B. ADDRESS	te causes and on the	he date stated above
24	A. BUBAL, CREMA- 248. DAZE 24C NAME OF CEMETE	BY OR CREMATORY   240 YO	CATION Pity, town,	or county) (State)
4	Mila (Specify) 5/21/5/ Salem To	1100 //17	10.00	md.
	TE RECEIVED BY REGISTRAR'S SIGNATURE.	25. FUNERAL DIRECTOR	1.0/-	ADDRESS
-	WAT 7 1 3311	Mac parol	+ 400h	

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If look to summation Kintelle Pulle 118 Ethersheep of TE DYES The street of the same and

51 4532 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE Boy B200165 (Type or Print) DEATH 3. PLACE OF DEATH: Where deceased lived, If institution; residence 4. USUAL RESIDENCE A. Baltimore City, Maryland A. STATE BUSOUNEY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write BURAL and give C. CITY OF TOWN LINIVERSINO Yrs. ADDRESS (If(rural, give location)) Mos. ength of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7 CINGLE, MARRIED, WIDOWED, DIVORCED (Specify) If Under 1 Year Il Under 24 Hours 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months: Days Hours: Min. 1/2 10A. USUAL OCCUPATION (Givekinder) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BROOKS ERNOW DECC A 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yee, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY CONGENITAL HEART LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DEXTRO. CARLID injury or complication which caused death.) DUF TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Pulmonney Pathology? 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL 21A. ACCIDENT, SUICIDE. (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? INJURY HOT WHILE WHILE AT WORK 1951 to\_ 22. I hereby certify that I attended the deceased from. , 195 (that I last saw the 8:30 Am., from the causes and on the date stated above. deceased alive on 5/10, 1951, and that death occurred at. 23A. SIGNATUREA 23c. DATE SIGNED 238. ADDRESS omacya OSATOS (City, town, or county) 24A. BURIAL, CREMA-24c. NAME OF CEMETE DATE RECEIVED BY REGISTRAR'S SIGNATURE **ADDRESS** LOCAL REGISTRAR VS 150

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BALTIMORE CITY HEALTH DEPARTMENT

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16	cgraterer	1 110	

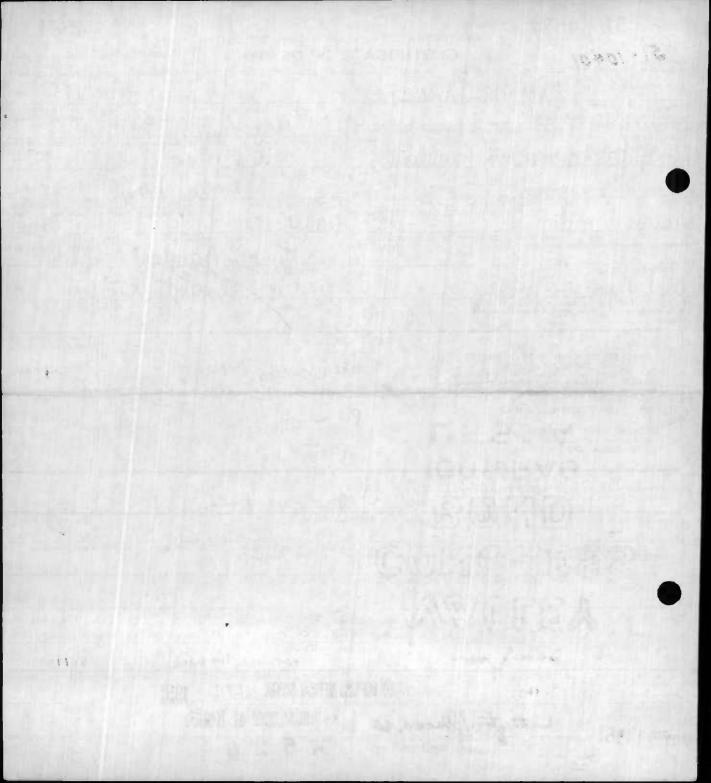
В	IRTH NO.	01-10093		CLIVIII ICATI	OI DEATH		
(7	NAME OF D	UllE	n m	Millar		2. DATE OF DEATH	10-51
	Baltimore C	EATH: City, Maryland			4. USUAL RESIDENCE		f institution: residence before admission)
H	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN	If outside cornerate lim	its, write RURAL and give
11	NSTITUTION	Um.	H25/1		Balto.		township)
0	Ongth of st	tay in Baltimore		Yrs. Mos. Days	o. STREET ADDRESS (I	f rural, give location)	
5	. SEX	6. COLOR OR RACE		E. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH 5-5-57	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours In.
ror	DA. USUAL OC k dooe duries most o	CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S N	tee ho h	nillar		14. MOTHER'S MAIDEN I	NAME /	
15 (Ye	5. WAS DECEASE en, oo or ooknown)	D EVER IN U, S. ARMEI (If yes, give war or date	D FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT BU	etu mi	ADDRESS (
RTIFICATION	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, CIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  COMPARISON  (B)  COMPARISON  (C)					INTERVAL BETWEEN ONSET AND OEATH	
CE	TO THE OI	TO THE GEATH, BUT SEASE OR CONDITION F OPERATION	CAUSING I		ATION		20. AUTOPSY?
ZAL		0					YES NO
EDIC		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., ic arm, factory, street, office bldg., e		(If in Baltimore City,	give exact location)
_	210. TIME (	Month) (Day) (Year)		VHILE AT NOT WHILE	21F, HOW DID INJUR	RY OCCUR?	
	22. I hereby deceased al 23A. SIGNAT	y certify that I att ive on 5-10	tended the	and that death occur	red at 12 A.m., from 3B. ADDRESS		I, that I last saw the the date stated above.
2. TI	4A. BURIAL, CON, REMOVAL (S	Pecify) 248. DATE		JOHN HUPAINS	RY OF CREMATORY 349.	5 1951 (City W	n, or county) (State)
	ATE RECEIVED		SSIGNATU	lliams M. #	25. FUNERAL DIRECTOR	Health	ADDRESS
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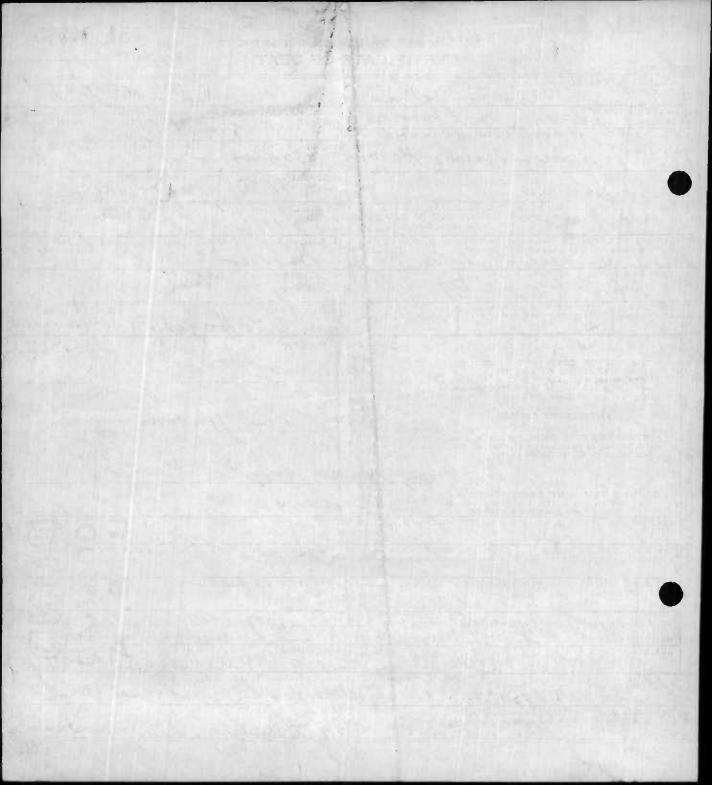
		~ _
Registered	No_	

BI	BIRTH NO. 1040/						
1. (T	NAME OF DECEAS ype or Print)	BABY GIRL	AWNEY		OF DEATH MAN	10 1951	
	Baltimore City,			4. USUAL RESIDENCE (W	here deceased lived, Mi	nstitution': residence before admission)	
B	FULL NAME OF	(If not in hospital or institu			a Joalt	Woul	
果	STITUTION	122 2 12	location)	C. CITY OR TOWN ! (If	outside corporate limits	write RURAL and give township)	
1	dastring .	(ar warmor of	Milliana	Fluid	MANN		
6	ength of stay in	Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (IF	rural, give location)	5200	
Ō	SEX 6.CO	LOR OR RACE 7. SINGL	E. MARRIED, WED, DIVORCED (Specify	8. DATE OF BIRTH		Under 1 Year   If Under 24 Hours ths: Days   Hours   Min.	
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10 work	A. USUAL OCCUPA done during most of working	TION (Give kind of 10B. KIN ag life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF	
				Jalleurili-	haruland 1	H.S. U.	
10	FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME PA OI	1.4	
	all nun	of Canry		Milarel Eu	wallly Kuk	iplin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT ADDRESS							
_					V	You have a	
	18. 762 4	J*** 1		OF DEATH		ONSET AND DEATH	
	LEAD	CONDITION DIRECTLY	0	Meletreni Regel		~ ~ 12 ham	
	(This does not m heart failure, asth	nean the mode of dying, e. henia, etc. It means the disea		ansetens of the	•	24 .900	
	injury or complication which caused death.) DUE TO						
	ANTECEDENT CAUSES						
TION	DISEASES OR C						
Ē	RISE TO THE ABO	OVE CAUSE (A) STATING T	HE DUE TO	-			
C			(C)	***************************************	***************************************		
ERTIFICA	Miller Live, a	П					
ER.		FICANT CONDITIONS CO		pre-adepte trans			
Ū	TO THE DISEASE	OR CONDITION CAUSING	R FINDINGS OF OPE		_	20, AUTOPSY?	
AL	L CF OF	TATION 198. MAJOR	-	RATION		YES NO	
EDICAL	21A. ACCIDENT V		ACE OF INJURY (e. g.,		If in Baltimore City, g		
E	LYING OR CON		, farm, factory, street, office bldg.	etc.) INJURY OCCUR?			
Σ		i) (Day) (Year) (Hour)	21E. INJURY OCCURE	RED 21F. HOW DID INJURY	OCCUR?		
	NJURY	m.	WHILE AT NOT WHILE				
	22. I herchy cert	tify that I attended the		5-9 - 1957 to	5-10 195	( that I last saw the	
deceased alive on 3°P, 1951, and that death occurred at 3 m, from the causes and on the date sta							
	23A. SIGNATURE	N 0		23B. ADDRESS ,		23c. DATE SIGNED	
	200		M. D.	whom It	mental	5-11-21	
24 TI	AA. BURIAL, CREMA ON, REMOVAL (Specify,	1	24C, NAME OF CEMET	ERY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)	
	senten.	2-11-21	ouna nord	THE METHON SOUNDS MINE !	) 1951		
	ATE RECEIVED BY	REGISTRAR'S SIGNAT	Whiama, M. M.	2 Campissioner of H	calth	ADDRESS	
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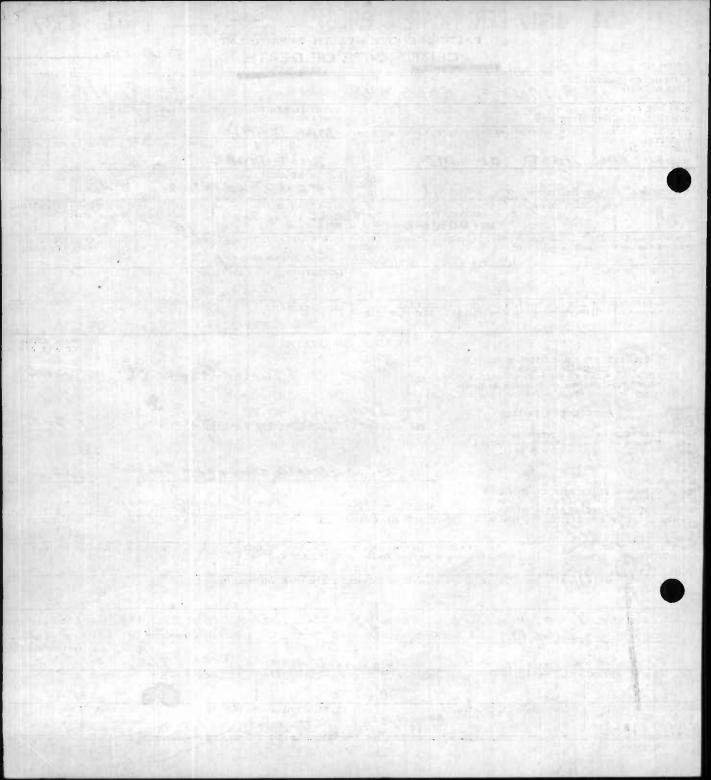
Registered No .\_\_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE 5-17.57 (Type or Print) Togarty John OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION D Backimore D. STREET ADDRESS (If rural, give location) Yrs. 4516 Manos Seno c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years It Under 1 Year It Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 5.9.1912 marina 10% USUAL OCCUPATION (Givekindof 10B, KIND OF BUSINESS OR 11. BLRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working hife, even if retired) INDUSTRY WHAT COUNTRY? od Leacher 13. FATHER'S NAME Mary 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dutes of service) 16. SOCIAL ADDRESS SECURITY NO. INTERVAL BETWEEN 002 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Cere frae LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, (A) .. injury or complication which caused death.) DUE TO Youal and ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! WHILE ATT WORK 4c1957, to 5.17 22. I hereby certify that I attended the deceased from , 19 that I last saw the V. 7 1997, and that death occurred at \_m., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23c. DATE SIGNED Dalto. 29.01 REGISTRATES SINATURE ADDRESS VS 150



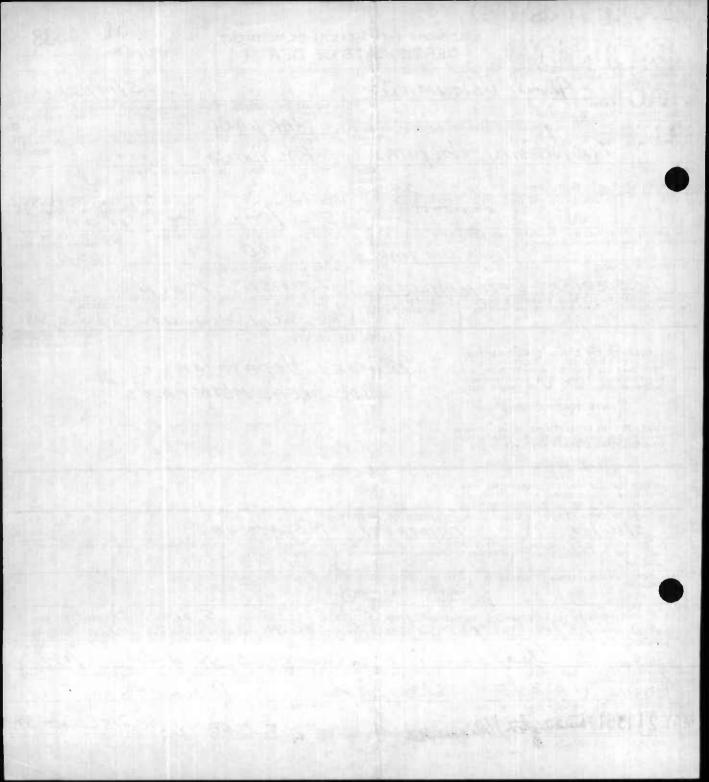
BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Also known as John P. Jenkins DEATH 9 -19-1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Vland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location INSTITUTION (If outside corporate limits, write RURAL and give township) 454dens Yrs D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE Z SINGLE, MARRIED 9. AGE (in years IDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Karried IOA. USUAL OCCUPATION (Givekind of) 11. BURTHPLACE (State or foreign country) ME KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Deth. Steel 13. FATHER'S NAME SHIPTM 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give yar or dates of service) 16. SOCIAL SECURITY NO 18. 200,1 INT EVAL BETWEEN DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF MJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from . 19 5/that I last saw the deceased alive on 5-19 1957, and that death occurred at 1 m., from the causes and on the date stated above. 23A. SIGNATURE 240 LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATOR DATE RECEIVED BY VS 150

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255 51 4537 CERTIFICATE CORRECTED 5-28-51  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH	51 4537 Registered No.
BIRTH NO.	
(Type or Print) HERMAN F. ROSSMAN	2. DATE OF 5/19/5/ DEATH
3. PLACE OF DEATH:  A. Baltimore City, Maryland  A. STATE	ere deceased lived. If institution: residence  B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location)  HOSPITAL OR  (If not in hospital or institution, give street address or location)  C. CITY OR TOWN (If or	utside corporate limits, write RURAL and give
LUTHERAN HUSP. OF MD. BALTIMORE	township)
Yrs. D. STREET ADDRESS (If ru	
c. Length of stay in Baltimore Days 1529 FILBER	PT 5T. #26
M WIDOWED (Specify) Spt/2/1875	9. AGE (In years lit Under 1 Year last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)  FURENAN  10B. KIND OF BUSINESS OR INDUSTRY  NOUSTRIAL MAINTENAME  Sermany	eign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM	ME
UNKNOWN UNKNOW	IN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (You, no or nnknown) (If you, give war or dates of service) 16. SOCIAL SECURITY NO. MR. ROSSMAW	ADDRESS /529 TILBERT ST.
18. 420.	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	eral / week
Z ANTECEDENT CAUSES (B) Clarke coronary insuf	Viciency 1 mo.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
OTHER SIGNIFICANT CONDITIONS CON.	sulas dis chronic
III TRIBUTING TO THE DEATH, BUT NOT RELATED LA BELLE STEEL RENAL AL	sufficiency .
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
U 214 ACCIDENT SUICIDE   218 DI ACE OF IN HIRV (a.g. in or   21c WHERE DID. (If	YES NO L
21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  21c. WHERE DID (If INJURY OCCUR?)	in Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY WHILE AT WORK AT WORK	OCCUR?
22. I hereby certify that I attended the deceased from April 2/ 1951, to Ma	ey 19, 195/, that I last saw the
deceased alive on may 19, 1951, and that death occurred at 730 m., from the	causes and on the date stated above.
Muriam 5- Haly 23B. ADDRESS	20. 4 md 5/20/5/
24A. BURIAL, CREMA- 24B. DATE / RAC, NAME OF CEMETERY OR CREMATORY   24D. LO	EATION (City, town, or county) (State)
BURIAL (Specify) 5/23/51 CEDAR HILL	PITCHIE HIGHWAY
DATE RECEIVED BY REGISTRATIS FIGNATURE 25. FUNERAL DIRECTOR	ADDRESS /
MAY 211959 A OFFICE OFF	14, INC 715-16/4T ST
VS 150	108 -30



BIRTH NO.	Acquirelle		CERTIFICATI	E OF DEATH	Registereu	110.
1. NAME OF DECE. (Type or Print)	ALVIN	DEI	CHMILLER		OF DEATH	119/5-1
a. Baltimore City,	H:			4. USUAL RESIDENCE (W		If institution : residence before admission)
B. FULL NAME OF HOSPITAL OR		•	ion, give street address or location)	c. CITY OR TOWN (If	outside corporate lim	its, write RURAL and give
INSTITUTION	NIVERS.	ITY K	JOSDITAL	PASADENI	A	township)
ength of stay			Yrer Mos. 24 Days	D. STREET ADDRESS (If	rural, give location)	5200
5. SEX 6. C	OLOR OR RACE	7. SINGLE WIDOW	MARRIED (Specify)	8. DATE OF BIRTH 5/2//892	4000 4004	ff Under I Year If Under 24 Hours Min.
10A. USUAL OCCUP ork done during most of worl	ATION (Give kind of ting life, even if retired)	TOOL +	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAMI			(M)	14. MOTHER'S MAIDEN NA	AME	4377
	RICK L		MILLER	LOUISA	KOCH	
15. WAS DECEASED EV (Yes, no or nnknown) (I	ER IN U. S. ARME fyee, give wer or date	D FORCES?	16. SOCIAL SECURITY NO.	Mes ALVIN DEI		ASADENA, MO
(This does not heart failure, as injury or com  ANT  DISEASES OR RISE TO THE A UNDERLYING	R CONDITION ADING TO DEA' mean the mode of thenia, etc. It mes plication which of ECEDENT CAUS CONDITIONS, I BOVE CAUSE (A) CONDITION LA	TH  of dying, e. g  ns the disease  aused death.  SES  F ANY, GIVIN  STATING TH  SST.	(B)	PRY HEPATO	MA E TASTASES	ONSET AND OBATH
TRIBUTING TO	THE OEATH, BUT	NOT RELATE	D			
19A. DATE OF OI	PERATION 1	9B. MAJOR	PRIMARY	ATION FEDATAMA	7	20. AUTOPSY7
21A. ACCIDENT LYING OR CO	NTRIBUTING		CE OF INJURY (e. g., in erm, factory, street, office bldg.,		f in Baltimore City,	give exact location)
21D. TIME (Mon	rtify that I att	m. tended the	2		5/19,195	S, that I last saw the the date stated above.
24A. PURIAL, CREM TION REMOVAL (Specification)			24c. NAME OF CEMETE	RY OR CREMATORY 248. L	OCATION (City, tow	n, or county) (State)
MAY 2 1 195.	1 tuttout	S SIGNATU		25. FUNERAL DIRECTOR	My loc	ADDRESS PISCIGHT ST.
VS 150	Advication .	- MERCHES	59	234	.00	46F

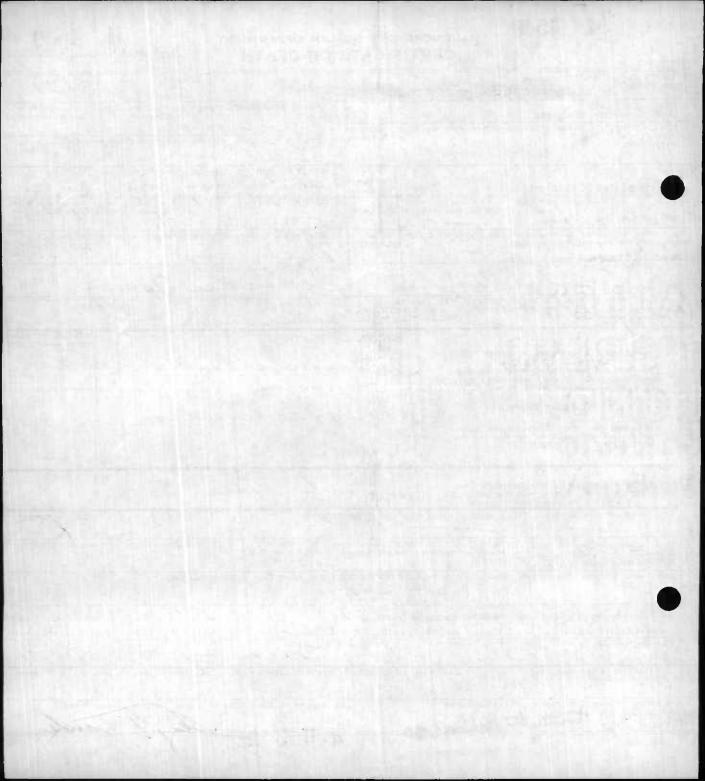


CITY HEALTH DEPARTMENT Registered No. ERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deccased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location' (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION DALTIMORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under 24 Hours WIDOWED DIVORCED (Specify) last birthday) Months: Days Hours: Min. 5960 FEB. 28. 18-91 MARRIED 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? RAILROAD DRAKEMAN DALTIMORE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LULY JURDAN HOMAS JURDAN 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO. W.W. BELL-JUNDAN 3700 9TH. ST IVNA INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) CERTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY NOT WHILE WHILE AT WORK 19 5, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 19 5 and that death occurred of m., from the cases and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURNAL, CREMA-TION REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City town, or county) (State) SURIAL A PRECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS ENN INC. 715 L(GHT )T VS 150 BACTO, -30, MD.



51 4540 Registered No.

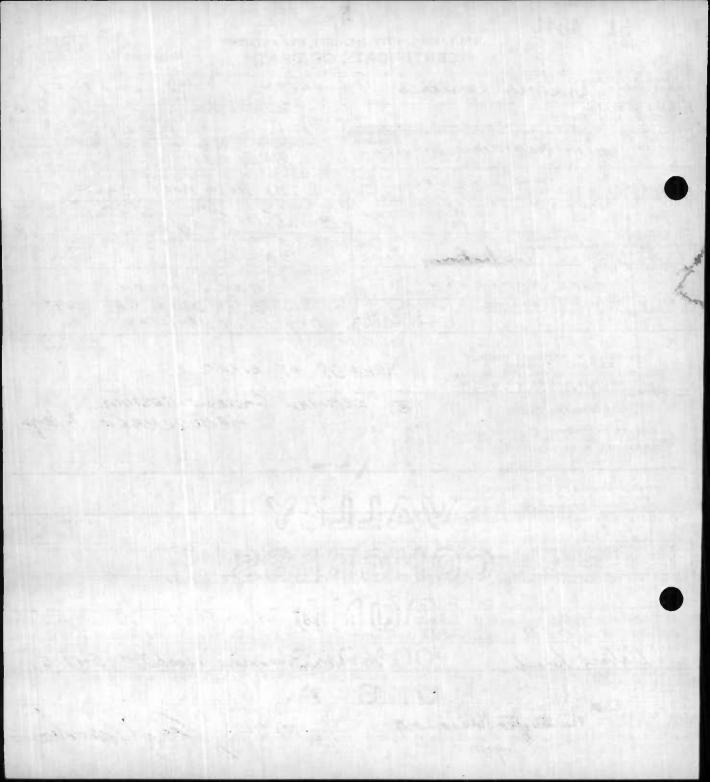
В	IRTH NO.	CERTIFICA	IE OF BEATH	10081500164	
	NAME OF DECEASED Type or Print)  JOSE	PH DOYLE		2. DATE OF DEATH	1/8/51
Α.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (		f institution : residence before admission)
H	FULL NAME OF (If not in hospit OSPITAL OR ISTITUTION	al or institution, give street address locatio		f outside corporate limi	its, write RURAL and give township)
d	ngth of stay in Baltimore	Yrs Mos	4694Ock	frural, give location)	26-02
	Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Special	(y) 8. DATE OF BIRTH Aug. 31, 1874		If Under   Year onths Days   If Under 24 Hours   Min.
WOL	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or )	foreign country)	WHAT COUNTRY?
13	FATHER'S NAME	Dogle	14. MOTHER'S MAIDEN N	IAME Zale	n
15	S. WAS DECEASED EVER IN U. S. ARMEI s. no or unknown) (If yes, give war or date	D FORCES? 16. SOCIAL 216-10-38	17. INFORMANT	ton ?	ADDRESS Hame
CATION	DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which complication which complete the complete that the complet	DIRECTLY TH of dying, e. g., ms the disease, raused death.)  DUE TO  SES  (B)  (B)	io sclerotie Can Lephro scle	dis Vasculara	ONSET AND DEATH
CERTIFI	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED	neliectore	2	
AL	19A. DATE OF OPERATION	98. MAJOR FINDINGS OF OP	ERATION		20. AUTOPSY?
MEDICA	21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	218. PLACE OF INJURY (e. g about home, farm, factory, street, office bld	in or 21c. WHERE DID (n,etc.) INJURY OCCUR?	If in Baltimore City,	give exact location)
2	21D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCUR  WHILE AT NOT WHILE  MORK AT WORK	E	Y OCCUR?	
		ended the deceased from, 1951, and that death occ			I, that I last saw the the date stated above.
	23a. SIGNATURE	ver , ), M.D.	23B. ADDRESS		23c. DATE SIGNED 5/8/5/
TIC	IA. BURIAL, CREMA- DN. REMOVAL (Specify) Urial 5/22/5	New Cathe	dral Cemetery	Baltimore	(State)
M	THE RECEIVED BY REGISTRAR	S SIGNATURE	HENRY SANDER & BALTO, 13, MD	SONS, INQ.	Annoles
	VS 150	THE STATE STATE OF THE STATE OF	4532	Y	1310



#### CERTIFICATE OF DEATH

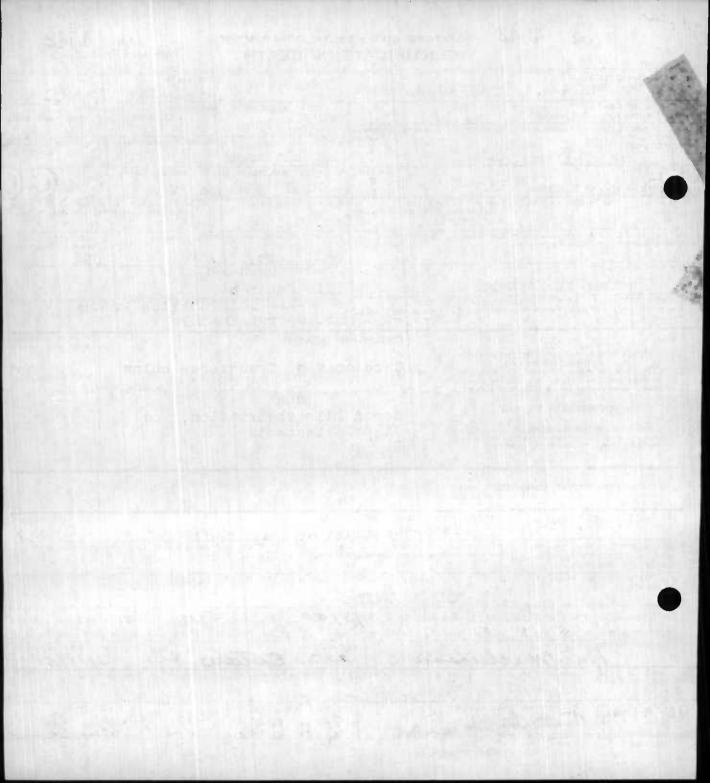
51 4541 Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) WILLIAM LAWRENCE /+	DEATH
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION UNION MEMORIAL HOS PETAL	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
ALL LIFE 40 Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
ngth of stay in Baltimore Days	2701 HUGO AUE BALTO 18
5. SEX  6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) to rekeeper INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
19. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
AE WAS DESCRICED THE STATE OF T	MARY HEATH
Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT 2701 Stugo CLADDRESS - 18  MRS LILY HAMILTON "
no   ?  215-01-1603	
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	HOSIS OF LIVERS
heart failure, asthenia, etc. It means the disease,	
ANTECEDENT CAUSES & TE	RMINAL GASTRO-INTESTINAL
Z ANTECEDENT CAUSES	HEMORKHAGE 2 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS OF	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED  TO THE DISEASE OR CONDITION CAUSING IT.	n may but the second of the se
194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER	RATION   20, AUTOPSY?
7	YES A NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., of CAUSE OF DEATH	
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	5-15, 1951, to 5-17, 1951, that I last saw the
	rred at 10 5 Am., from the causes and on the date stated above.
23A. SIGNATURE / 2	236 ADDRESS 23C DATE SIGNED
ficher Searl M.D.	Union memoriae Hospital 5-17-51
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
burial   5/21/51   WOODLAWN CEM	METERY Baltimore, Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	HENRY SANDER SONS INC ADDRESS BALTO. 137Md.
VS 150	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2906	A 124B



## 51 4542 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	CATE OF DEATH Registered No.
NAME OF DECEASED (Type or Print) JULIA A. ZUSCHLAG	2. DATE OF DEATH MAY 17, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore township)
(1) 1612 Chilton Avenue	Yrs. D. STREET ADDRESS (If rural, give location)
ngth of stay in Baltimore Life	Mos. Days 1612 Chilton Avenue 9-06
F 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED MATTIED	Dec.30,1885 65
10A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS work done during most of working life, even if retired)	BOUSTRY Baltimore, Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles W. Hepburn	Ella Fontz
(Yee, no or unknown) (If yee, give war or dates of service)	17 INFORMANT 1612 Chilton Assessed
18. / 53 X CA	USE OF DEATH
DISEASE OR CONDITION DIRECTLY	DNSET AND DEATH
heart failure, asthenia, etc. It means the disease,	arcinoma of Transverse colon 10 mont
	duct
	omon bile obstruction, and
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	lver matastasis
UNDERLYING CONDITION LAST.	•
<u>L</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
19A. DATE OF OPERATION. 1 19B. MAJOR FINDINGS OF	OPERATION   20. AUTOPSY?
0 - na eno gar	Cinoma of Tulking Colon Yes No X
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Doub home, farm, factory, street, off CAUSE OF DEATH	(e. g., in or   21c. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OC	CCURRED 21F. HOW DID INJURY OCCUR?
WHILE AT NO	T WHILE
22. I hereby certify that I attended the deceased from	11/3/50, 19 to 5/17, 1951, that I last saw the
deceased alive on \$ / 17 . 19 51 and that death	h occurred at 8 P.m., from the causes and on the date stated above.
12-9. SIGNATURE 12-G. Michelson M	238. ADDRESS 230. DATE SIGNED 8. 5/18/51
	EMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
burial 5/21/51 Parkwood	d Cemetery Baltimore, Md.
PATE RECEIVED BY REGISTRAR'S SIGNATURE	HENRY SANDER SONS, INC. ADDRESS BALTOCI 33 Md. Sons, Inc.
VS 150	
And the second s	46E



4	00 RTH NO.	51 <sup>7°</sup> 4543	afa, BAL			TH DEPART		Registere		4543
1.	NAME OF Dope or Print)		Newell			and a		2. DATE. OF DEATHMAY	18.1	951
Α.		EATH: City, Maryland	<u> </u>		Α	. USUAL RESIDE	NCE (WI		l. If instituti	
HO	SPITAL OR STITUTION	OF (If not in hospital 2028 W. Le		lo	\	CITY OR TOWN		outside corporate li	imits, write	RURAL and give township)
-			// EU - II	n st.	Yrs. D	STREET ADDRE	SS (If r		7	0 0 1
5.	SEX	6. COLOR OR RACE	7. SINGLE.	D, DIVORCED	Days   8.	2028 1		yington  9. AGE (In years last birthday)	If Under 1 Ye	ar   If Under 24 Hours
10/	Male  A. USUAL OC	White CUPATION (Give kind of f working life, even if retired)	Single	OF BUSINESS		ct. 1,186	-	81	7 1:   12. CI	TIZEN OF
	Carpen	ter	Retir	ed		Baltimore MA		ME	- WF	HAT COUNTRY?
16		rick Newell				Margar	et Du	rkin		
(Yes,	no or unknown)	O EVER IN U.S. ARMED (If yes, give war or date:	FORCES?	218-07-	NO.	.INFORMANT Miss Katl	nerin	e Newell	Levi:	
ERTIFICATION	(This does heart failure injury or DISEASES RISE TO T	SE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS GOR CONDITIONS, IF HE ABOVE CAUSE (A)	'H f dying, e.g., ns the disease, aused death.) ES ANY, GIVING STATING THE	(A)	Boro	in clean	asa la	ATION APPROX	ONS	ERVAL BETWEEN SET AND DEATH
CERTIFI	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED				BI	Fisher	M. D.	
SAL	19A. DATE O	F OPERATION 1	98. MAJOR	FINDINGS OF	OPERATI		PREF OR A	SST. MEDICAL EXAI	MINER, 20	D. AUTOPSY?
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		E OF INJURY m,factory,street,off		21c. WHERE D INJURY OCCU		in Baltimore Cit	ty, give exa	ct location)
2	21d. TIME (	Month) (Day) (Year)	wi		CURRED T WHILE	21F. HOW DID	INJURY	OCCUR?		
		y certify that I att ive on April 20			occurred			e causes and or		I last saw the stated above.
	23A, SIGNAT	Deluce	aughil	Zen M.	D. 45	ADDRESS.		Village	5/	DATE SIGNED
24 TIO	N REMOVAL (S BUTIAL	pecify) May 21		New Catl		OR CREMATORY	OTHER DESIGNATION	EIMORE	wn, or coun	ty) (State)
DA	TE RECEIVE	BY REGISTRAR	SIGNATUR	E	25	EUNERAL DIR		•/	ADDR	ESS

VS 150

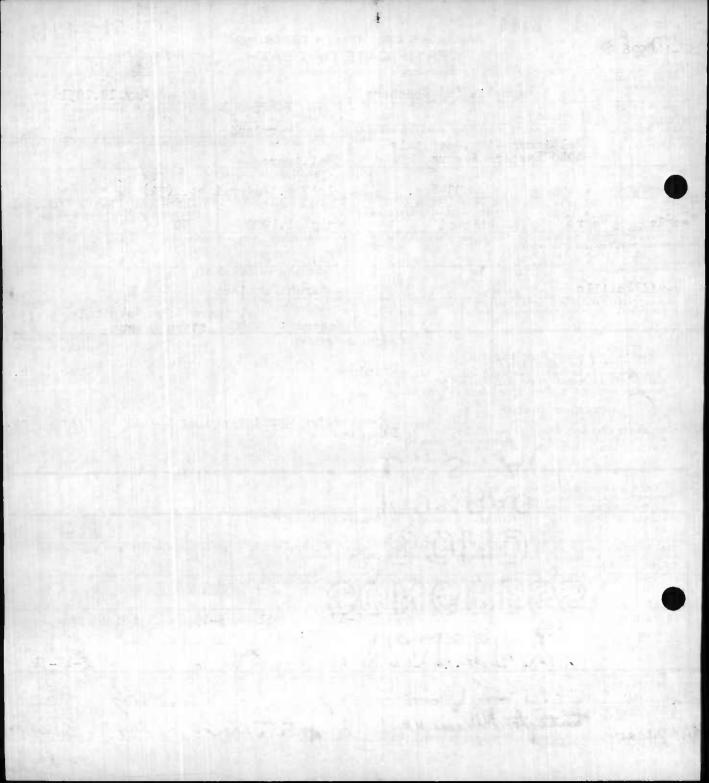
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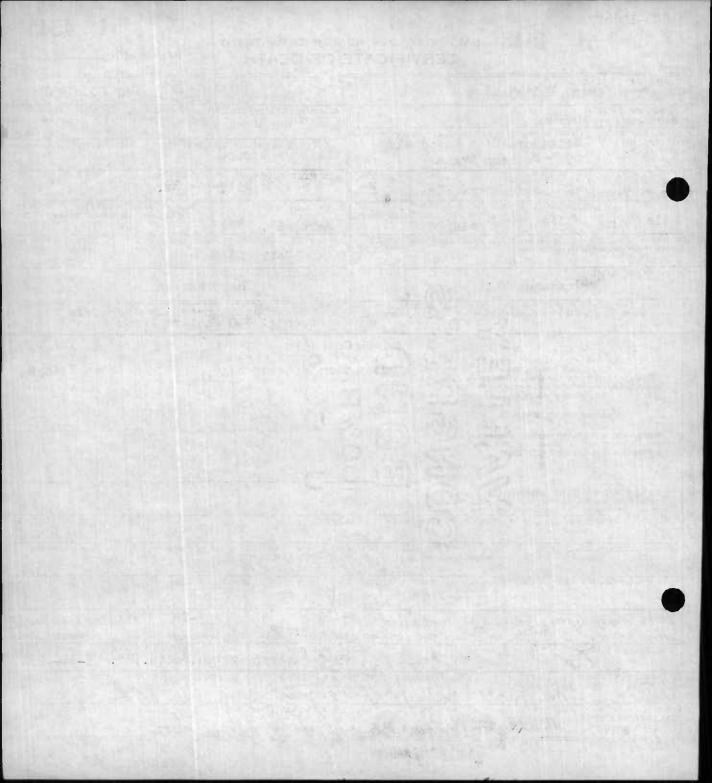
# 51 4544 BALTIMORE CITY HEALTH DEPARTMENT

112-1-40),0			CERTIFICAT	E OF DEATH	Registered	No
BIRTH NO.						
1. NAME OF C (Type or Print)		gnolia	(N) Chambers		OF Ma	19,1951
3. PLACE OF D	City, Maryland			4. USUAL RESIDENCE (	Where deceased lived.	If institution : residence
B. FULL NAME		al or institut	ion, give street address or		B. COUNTY	before admission)
HOSPITAL OR	Baltimor	e City	Hospitals location)	C. CITY OR TOWN	If outside corporate lin	nits, write RURAL and give
3	4940 Eas	tern Av	enue	Baltimore		township)
			Yrs.	o. STREET ADDRESS (1	f rural, give location)	G I
c. agth of s	stay in Baltimore		33 Yrs. Mos. Days	1817 E. Federa	1 St. (31)	6-06
5. SEX	6. COLOR OR RACE	7. SINGLE	E, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years	If Under 1 Year   If Under 24 Hours
Female	Negro	Wido		July 11,1900	50	Months Days Hours Min.
10A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
or a done doring most	or working me, even it retired)		INDUSTRY	Va.		WHAT COUNTRY
13. FATHER'S	NAME			14. MOTHER'S MAIDEN N	NAME	
David Po	otillo			Sarah Harriso		
15. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL			ADDRESS
I es, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT Balti	more City Ho	Spitals
18. //	1. V		CAUCE	Records: 4940	Fastern Aver	INTERVAL BETWEEN
1	SE OR CONDITION	DIRECTLY	CAUSE	OF DEATH		ONSET AND DEATH
	LEADING TO DEAT	ГН	. (A) Uremi	0		Over 1 Wk.
heart failt	s not mean the mode oure, asthenia, etc. It mea	ns the diseas	2,	&	********************************	OVEL I WA.
injury or	complication which c	aused death	DUE TO			
	ANTECEDENT CAUS	ES	Harris and		D	0 v
DISEASE	S OR CONDITIONS, II	ANY, GIVIN	G Dican	tensive Cardiovas	cular hena	ver 2 Yrs
RISE TO T	THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	E DUE TO	50		
3			(C)		***************************************	
	11					
	GIGNIFICANT CONDI					
TO THE O	SEASE OR CONDITION					
19A. DATE C	OF OPERATION 1	9в. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
5		1 21= DI 4	CE OF IN HIRY (	Late Wilses Die	(Tell Dill Sol	YES X NO
LYING O CAUSE OF	DENT WAS UNDER. R CONTRIBUTING DEATH		.CE OF INJURY (e. g., i arm, factory, street, office bldg.,	n or 21c. WHERE DID (btc.) INJURY OCCUR?	(If in Baltimore City	, give exact location)
21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
A INSURT		m.	WORK NOT WHILE	7-		
22 I hareh	y certify that I att			-17 . 1951, to	5 10 10	51 that I last saw the
				red at 10:30 am., from	19_17	that I last saw the
23A. SIGNA	TURE	3		3B. ADDRESS	the causes and on	23c. DATE SIGNED
	C.N.	Ub.	7. M. D.	4940 Eastern Av	Onua	5-19-51
24A. BURIAL		18	4c. NAME OF CEMETE		OCATION (City tow	
HON, REMOVAL (S	5-23	-54	But wal	many 1.	a. P.	The Med
DATE RECEIVE	D BY REGISTRAR	SIGNATU	RE 4	25. FUNERAL DIRECTOR	2000	ADDRESS
LOCAL REGIST	RAR Tunta	示八儿	auta M.Do	Dronkely VI	V. 2/30	4/54 P. T. MA
AY 2 1569	51 -700	7	5 1 2	The state of the	15/10	FM. Connessor
VS 150						1310



	O'AL	IU.	10
Registered	No		

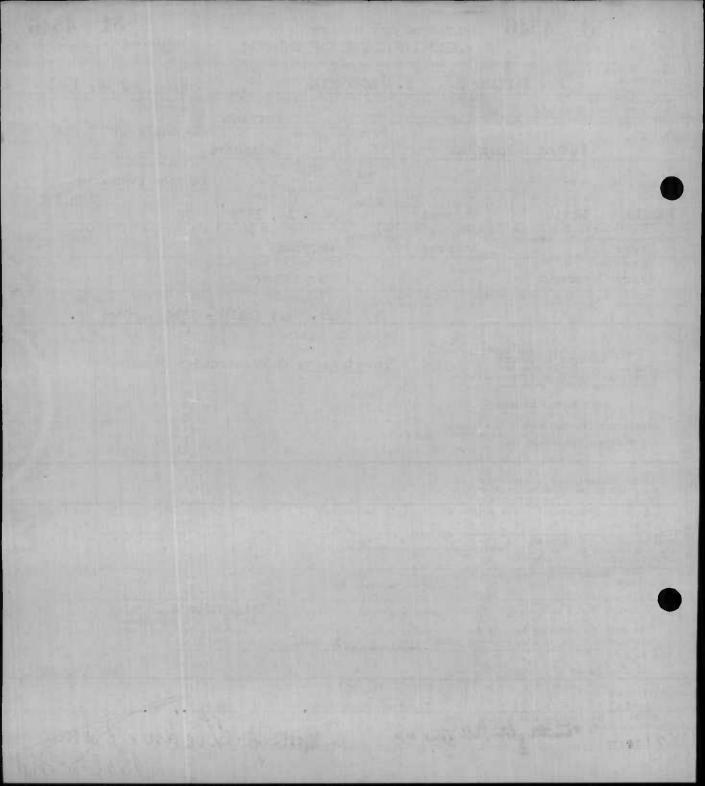
	RTH NO.			OLIVINI TOATI	2 01 02/111		
1. (T	NAME OF D	Eceased Edward White	nead			OF May	20, 1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or				ion give street address or	4. USUAL RESIDENCE (V		institution; residence before admission)
H	DSPITAL OR ISTITUTION	Baltimore 4940 Eas	e City	Hospitals location)	c. CITY OR TOWN (If Baltimore	outside corporate limi	ts, write RURAL and give township)
(	ngth of s	tay in Baltimore	20	yrs. Yrs. Mos. Days	D. STREET ADDRESS (IF 1432 Mills	rural, give location)	3-08
	Male Male	White	WIDOV	E. MARRIED. VED, DIVORCED (Specify): ngle	March 17, 1877	last birthday) M	if Under 1 Year If Under 24 Hours on the Days Hours Min.
10 worl	A. USUAL OC	CUPATION (Give kind of working life, even if retired)	10a. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Gustavus Whitehead				ead	14. MOTHER'S MAIDEN N. Mary	Merson	
	. WAS DECEASE s, no or nnknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Baltin Records: 4940	nore City Hos Sastern Avenu	PATAIs ie
	18. 3 3	30 × 1		CAUSE	OF DEATH		INTERVAL BETWEEN
	(This does	E OR CONDITION LEADING TO DEA not mean the mode of	TH of dying, e.	g., (A)	chnoid hemorrhage		2 days
		re, asthenia, etc. It mes complication which					
7	100	ANTECEDENT CAUS	SES	200			
ERTIFICATION	RISE TO T	S OR CONDITIONS, 1 THE ABOVE CAUSE (A) YING CONDITION LA	STATING T				
IFIC		n n		(C)		***************************************	
CERT	TRIBUTING	GIGNIFICANT COND TO THE DEATH, BUT USEASE OR CONDITION	NOT RELAT	ED			
AL.	19A. DATE C	F OPERATION 0 1	9a. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY 2
MEDICAL	21a. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		If in Baltimore City,	give exact location)
2	21D. TIME (	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	CONTRACTOR OF THE PARTY OF THE	Y OCCUR?	
	22. I hereb	y certify that I att	ended the		5-20 1951, to	5-20 , 15]	, that I last saw the
	23A, SIGNAT		Clo	12	38. ADDRESS 4940 Eastern Aver		1 23C. DATE SIGNED
Z. TI	AA. BURIAL. (SON REMOVAL (S	CREMA- 248. DATE pecify)	3-51	240 NAME OF CEMETE	RY R CREMATORY 240.L	OCATION City, town	, or county) (State)
	ATE RECEIVE DCAL REGIST		SSIGNAT	LI COME ME	25. FUNERAL DIRECTOR	Aldon.	ADDRESS
VIII/	VS 150	11 MANAGE	No. of Street,	siting the medical	4 3 5 4	hourd	md. +3a



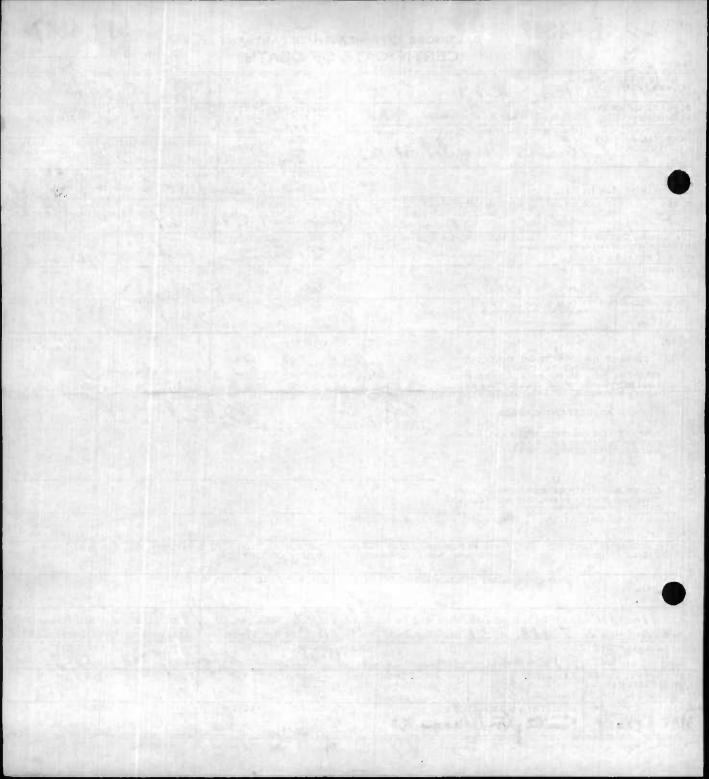
#### BALTIMORE CITY HEALTH DEPARTMENT

1546

Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE ELTZABETH May 18, 1951 HOFFMEYER DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B COUNTY before admission) A. Baltimore City, Maryland A STATE Marvland (If not in hospital or institution, give street address or B FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C CITY OR TOWN INSTITUTION Lutheran Hospital Baltimore D. STREET ADDRESS (If rural, give location) Mos. 3324 St. Ambrose Avenue igth of stay in Baltimore Days AGE (in years) 6 COLOR OF RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under I Year it Under 24 Hours last birthday) Months; Days Hours; Min. WIDOWED DIVORCED (Specify) Female White Mar. 18, 1879 wi dowed 10A USUAL OCCUPATION (Givekind of) 108 KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY work done during most of working life, even if retired) Housewife at home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Buderer Mary Bauer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mrs. Mary Knell - 7514 Harford INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 20. AUTOPSY? 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION VES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INTURY OCCUR? UNDERLYING OR CONTRIB. UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHUE WORK AT WORK . I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident []. suicide []. homicide []. undetermined []. 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER ... ASSISTANT MEDICAL EXAMINER ... 23c. DATE SIGNLD May MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c, NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 248. DATE 5/22/57 Loudon Park DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR



В	IRTH NO.			CERTIFICAT	E OF DEAT	H Reg	istered No.	
	NAME OF D	DORA	RAY	/		2. DATE OF DEATH	5/1	8/51
A.	PLACE OF D Baltimore (	City, Maryland	Balkin Ospital or institut	ion, give street address or	4. USUAL RESID A. STATE	ENCE (Where decease B. CC	ed lived. If ins DUNTY	titution : residence before admission)
H	OSPITAL OR ISTITUTION	Luthera	~ Hog	ital of mil.	C. CITY OR TOWN	(If outside corp	orate limits, w	vrite RURAL and give township)
0		tay in Baltimor		Yrs. Mos. Days	16 20 P	pland 5t.	Cut	Bay Bl.
	F	6. COLOR OR RA	WIDOW	E. MARRIED, VED, DIVORÇED (Specify)	San . 17	1890 9. AGE (1 last bir		ei 1 Year Hunder 24 Hours as Days Hours Min.
worl	k dooeduring most			OF BUSINESS OR INDUSTRY	Bellin	State or foreign country	(Y) 12	WHAT COUNTRY?
	FATHER'S N	yberry "	Kellen		Haules	Ludro	w	
15 (Ye	6, mas deceasi	ED EVER IN Û. S. A (If yee, give war o	RMED FORCES?	16. SOCIAL SECURITY NO.	harles Ray	1620 Paple	and &	RESS
	18. 42	0.0		CAUSE	OF DEATH	V.,		INTERVAL BETWEEN
	DISEA	SE OR CONDITI		at.	· P.	P. Heart	2 1	
		s not mean the mare, asthenia, etc. It	ode of dying, e.		us alla	as Hears	NILLAR	Y
	injury or	complication whi	ch caused death	o.) OUE TO	Barry Herri	0000		
7		ANTECEDENT C	AUSES	Theu	and the second	Colatern	ante	
NO!		S OR CONDITION					J	***************************************
CAT		THE ABOVE CAUSE YING CONDITIO		HE OUE TO				
	PL 1997			(C)				
ERTIFI	OTHER S	II SIGNIFICANT CO	NDITIONS CO					
CE		TO THE OEATH,					·····	
J	19A. DATE C	F OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION			20. AUTOPSY?
CA	214 ACCIDS	ENT. SUICIDE,	21p Pl	CE OF INJURY (e.g., i	or   21c. WHERE I	OID (If in Rollim	oro City give	YES NO E
MEDICAL	HOMICIDE	(Specify)	ebout bome,	arm, factory, street, office bldg.,	tc.) INJURY OCCL	IR?	ore only, give	exact location)
	210. TIME INJURY	(Month) (Day) (Y		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DIE	INJURY OCCUR?		
	22. I hereb	y certify that I	attended the	deceased from 5	17/5/,30	, to 5 /18		hat I last saw the
	deceased a	live on 5	8 , 1951,	and that death occur	red at 1: 15a.m.	, from the causes	and on the	date stated above.
	234. SIGNA	a sm			3B. ADDRESS	. Want a	(ml	5/18/5/
2	4A. BURIAL.	CREMA- 248 DA	TE V	M. D.   24c. NAME OF CEMETE	RY OR CREMATORY	240. LOCATION (	City, town, or	
TI	Surcel S	Specify)	1.151	- Loursia 6	2.6	Woodla	und	Med
D	ATE RECEIVE	D BY   REGISTE	AR'S SIGNATI	IRE	25. FUNERAL DIE			DDRESS
- 171	VC 150	5			e Nouvara	Anrong 12	1 / / / /	Joseph was.
	VS 150		a-cott mild :		4 .4 0			108



G	- 450	51 4548	BAI	TIMORE CITY HE			5 Registered		4548
ВІ	RTH NO.			CERTIFICAT	E OF DEAT	П			
	NAME OF E	ECEASED	Chai	ncey	CLINE	2	OF DEATH MAY	17.	1951
	PLACE OF D	City, Maryland			4. USUAL RESID	ENCE (Whe			
В.	FULL NAME		tal or institut	ion, give street address or	Maryla	and	B. COBNIT		before admission
	STITUTION	Universit	y Hospi	tal location)	C. CITY OR TOWN	(If out	side corporate lir	nits, wri	te RURAL and giv
3	V				Baltin				inen wo
	ength of s	stay in Baltimore		Yrs. Mos. Days	o. STREET ADDR	Fayett		4-	02
ì	Male	6.COLOR OR RACE White		MARRIED. PED. DIVORCED (Specify)	8. DATE OF BIRT	H 9	AGE (In tears last birtiday)	f toder l Months	Year It Under 24 Hour Days Hours Min
10 work	done during most	CUPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (		gn country)		I I CITIZEN OF WHAT COUNTRY
13	RAKHER'S		1		14. MOTHER'S MA				
		Known			Unkn		Mag.		
(Yes	. WAS DECEAS , no or unknown)	ED EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	Laugh lin	Fun'l	Home	ADDRE	SS // 24 a
		0.		CALICE	OF DEATH			· cu	NTERVAL BETWEE
	00	2 × I	DIRECTIV	CAUSE	OF DEATH			0	NSET AND DEAT
		LEADING TO DEA	TH	Arteri	osclerotic C	ardiova	scular Di	sease	
	heart failt	are, asthenia, etc. It mes	ans the diseas	e, (A)	***************************************				
	mjury or			,	ic micerativ	ar anything			
		ANTECEDENT CAU	SES			er: Direction	mouleuls		(more)
Z	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	(B) IG IE DUE TO	***************************************		***************************************	**********	***************************************
F	UNDERL	YING CONDITION L	AST.	(C)					
RTIFICATION				(0)				_	
님	OTHER S	II SIGNIFICANT COND	ITIONS CON	1.					
ER		TO THE DEATH, BUT							
Ü	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION			CONTRACTOR OF THE PARTY OF THE	20. AUTOPSY7
AL									YES NO
EDIC/	UNDERLYIN	NAL CAUSE WAS G  OR CONTRIB- CAUSE OF DEATH.	about home, f	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE D		Baltimore City	give ex	cact location)
Σ	21D. TIME	(Month) (Day) (Year)	(Hour)	LIE. INJURY OCCURRE	ED 21F. HOW DID	INJURY O	CCUR?		
	OF INJURY		m. v	WORK NOT WHILE					
H.	2. I certi	fu that I took char		remains described a	house held an Ir	sp. &	Inq.	41.0	
						Autopsy, Inst	ection or Inquir	U	reon and from
	and de	ath in my opinion	resulted f	psy, Inspection or I rom: natural causes	nquiry, find that $\mathbf{X}$ , accident $\square$ .	said deced	used died on homicide $\square$ .	the day undete	y stated above $rmined \square$ .
	23A. SICNA		Du	rlade "	23B. CHIEF ME ASSISTANT MI	EDICAL EXA	MINER	23c. DA	TE SIGNED
24	A. BURIAL,	REMA- 248. DATE	2	4C. NAME OF CEMETER	D. MEDICAL INVI		TION (City, tow	n, or cou	
- 4	emoval (S	pecify		Greenwoo	( N.		orleans.	ha	
DA	TE RECEIVE	D BY REGISTRAR	BUSIGHMAN	01 631	25. FUNERAL DIR	ECTOR		ADD	RESS

V S 151

25. FUNERAL DIRECTOR ADDRESS
W7 God Bre. 1217 84 Ruels 1
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See Document File 51-4548 for authority by Dr. Stanley H. Durlacher, Asst Medical Reminer to correct cause of death 6/14/51 ES

WCK WAR

25-FUNERAL DIRECTOR

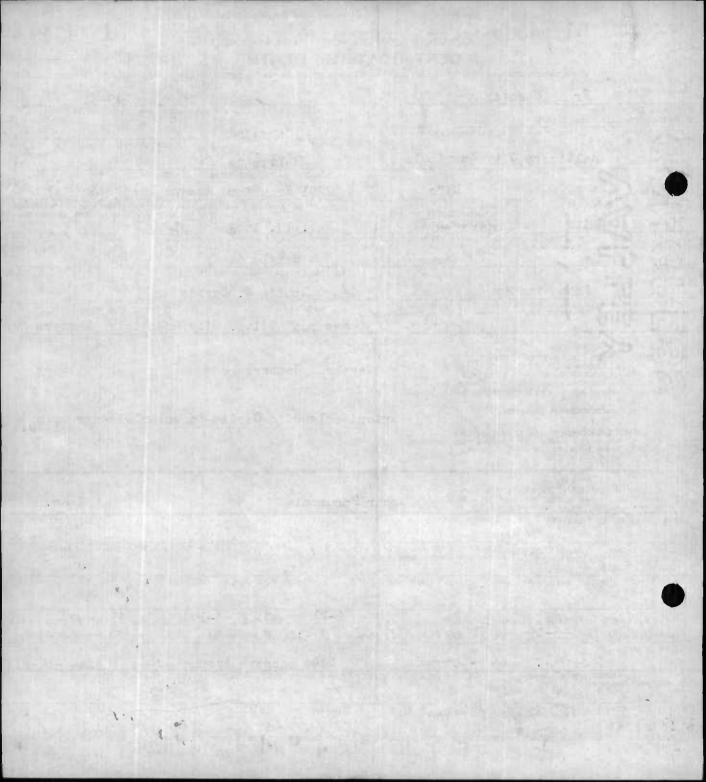
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DATE RECEIVED BY

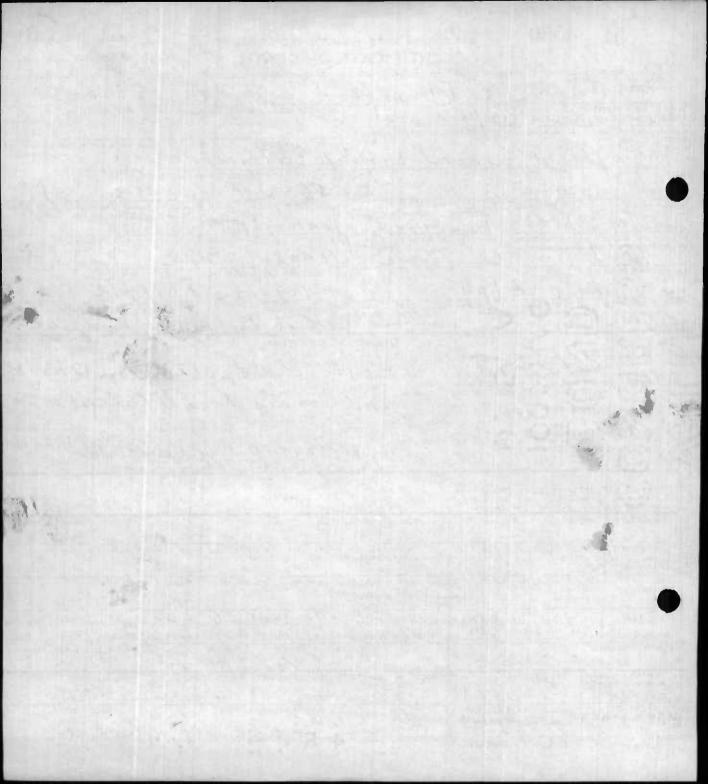
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ADDRESS



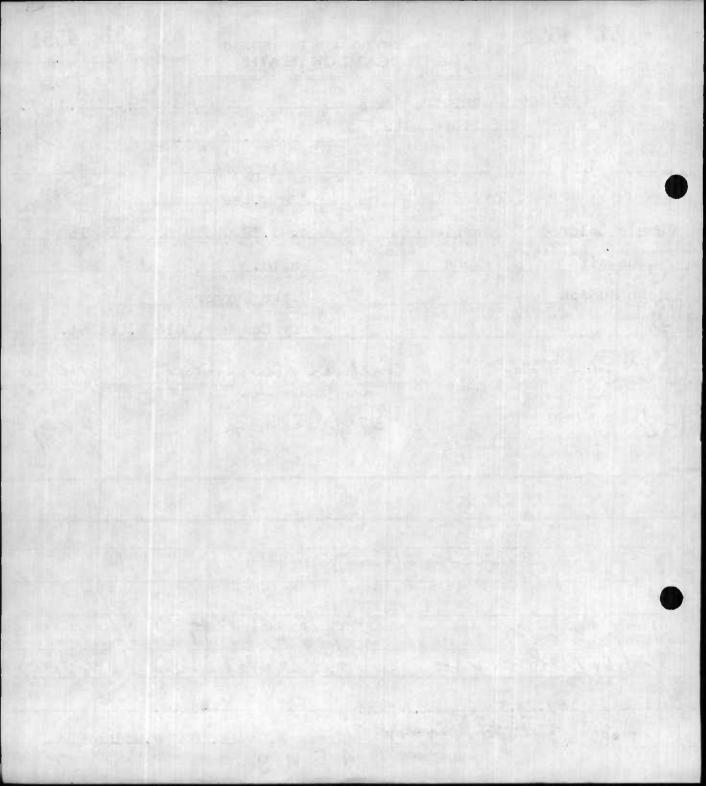
51 4550 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF nom DS accie DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY\_OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION H08/21 Baltimore enera Krs. 6. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore ave -Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years OF BIRTH If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) white arried anuary 1, 1889 10A. USUAL OCCUPATION (Give kind of) BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR' WHAT SOUN 12nnsv/Va Jul E 13. FATHER'S NAME hemnon orence 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of nervice) SECURITY NO Ready Us 18. DISEASE OR CONDITION DIRECTLY cholecystitis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) chole docolithiasis ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING PRITENSIVE Cardiovascular Unknown RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ERTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE 1951, to 5 - 20, 1951, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 5 - 21 a.m., from the causes and on the date stated above. and that death occurred at 1 23A. SIGNATURE 23B. ADDRESS 23C DATE SIGNED Mr. 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY Duriak DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS



# 5/6 51 4551 BALTIMORE CITY HEALTH DEPARTMENT

51	4551
The Boundary	TOUL

BIRTH NO.	E OF DEATH Registered No.				
1. NAME OF DECEASED	2. DATE				
(Type or Print) Corrine Campher	OF				
a. Baltimore City, Maryland 616 W. Lee St.	4. USUAL RESIDENCE (Where deceased lived it institution: residence a. STATE  B. COUNTY  before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR INSTITUTION	616 Wallee St.				
None	township)				
Yrs,	Baltimore D. STREET ADDRESS (If rural, give location)				
c. ength of stay in Baltimore 50 Yrs Days	616 Walee St. 22-02				
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	B. DATE OF BIRTH 9. AGE (In years) II Under I Yest   If Under 24 Hours				
Female Colored   WIDOWED DIVORCED (Specify					
IOA. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF				
work done during most of working life, even lfretired) Housewife None					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
John Hudson	Clara Seymore				
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL					
(Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	,				
	Harry Campher, 616 W.Lee St.				
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	had The made had				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase,	pur peusous pur pur un				
injury or complication which caused death.) DUE TO	ulenown				
ANTECEDENT CAUSES	10				
7	Sluenza 2 days				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
UNDERLYING CONDITION LAST.					
<u>0</u> (c)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
OTHER SIGNIFICANT CONDITIONS CON-					
TO THE DISEASE OR CONDITION CAUSING IT.					
194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER	RATION   20. AUTOPSY?				
	YES NO				
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, ferm, factory, street, office bidg., etc.)  21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, ferm, factory, street, office bidg., etc.)  [If in Baltimore City, give exact location]  [In Jury Occur?]					
E . TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?				
MHILE AT NOT WHILE AT WORK AT WORK					
	my 18 1051 1 May 19 105/11 11				
I hereby certag that I attended the deceased from	, 130 i, top the interest that I last saw the				
Mullenes	525 W. Hamburg D 5/21/5)				
24A BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE					
TION, REMOVAL (Specify)					
Burial   May 23. 1951 Mt. Auburn	alto.				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS				
MAY 2 1 1951 Lunder of Physical 1991	James A. Hayes. 638 N. Gilmor St				
VS 150	4 0				
1 1964年 2 20 Karrante 2 24 4 4	4543 338				

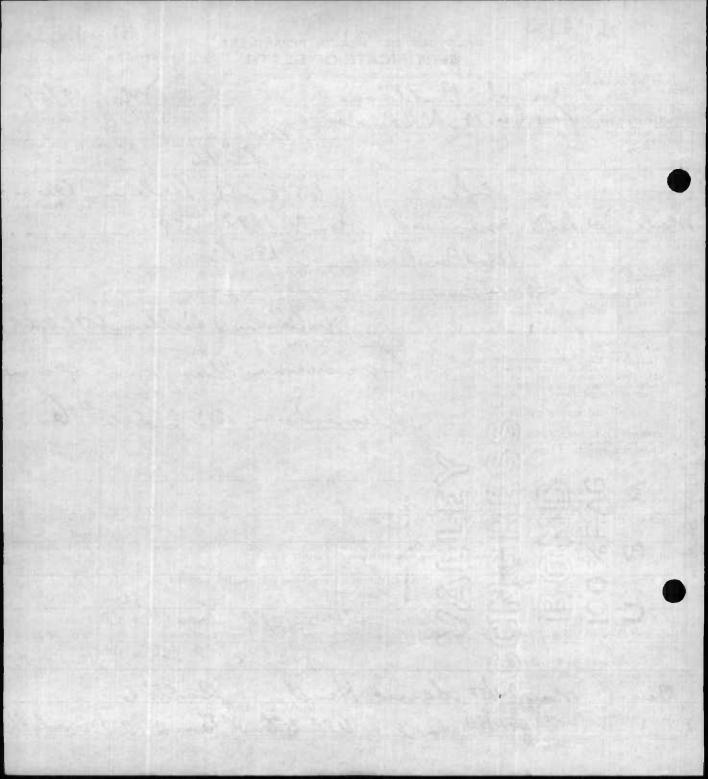


51. 4552 Registered No.

BIRTH NO.				
1. NAME OF DECEASED (Type or Print) Rosina B.	Maggio		2. DATE OF	
	maggio		DEATH May	19 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland 16 B. FULL NAME OF (If not in hospit.)	36 E. Chase St. al or institution, give street address or	4. USUAL RESIDENCE (WA. STATE	B. COUNTY	before admission)
HOSPITAL OR INSTITUTION	location)		outside corporate limits	, write RURAL and give
() ()		Raltimore	5=- (	township)
	Yrs.	o. STREET ADDRESS (If	rural, give location)	
c. Length of stay in Baltimore	50 Yrs. Mos. Days	1636 E.Chase St		
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		Under I Year   If Under 24 Hours   ths: Days   Hours   Min.
Female White	Married	March 6 1854	67 2	13
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Felling Hand	Tailor Shop	Villarosa	Italy	WHAT COONTRY?
13. FATHER'S NAME	CLOTH INS (M)	14. MOTHER'S MAIDEN NA		
Benedetto Bongiovan	ni	Maria Libertin	ni	
15. WAS DECEASED EVER IN U. S. ARMED	FORCES?   16. SOCIAL	17. INFORMANT		DRESS
(Yes, no or unknown) (If yes, give war or dates	216-05-0613	Frank Maggio	1636 E.Cha	
18. 240 V	CALISE	OF DEATH	2000 Mione	INTERVAL BETWEEN
/3/4				ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DEA"	TH LUCET	Cornettee (La	Durión	low longs
(This does not mean the mode of heart failure, asthenia, etc. It mea	ns the disease.		mu work	- fer in wis
injury or complication which of	caused death.) OUE TO			
ANTECEDENT CAUS	SES D	terio scler		2.10000
O DISEASES OR CONDITIONS, I	(B)	wuo suei	ous	2 Juna
RISE TO THE ABOVE CAUSE (A)	STATING THE DUE TO			
O ONDERLYING CONDITION LA		alentes mee	liters	10 /11
	(c)	Wyles week	MULL	2 glare
OTHER SIGNIFICANT CONDI				1. V.
TRIBUTING TO THE DEATH, BUT				
19A. DATE OF OPERATION	98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
A COLDENIA CHICIDE			W K	YES NO
2 1A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	218. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		f in Baltimore City, g	ive exact location)
Δ Π				Re- Day of the Control of the Contro
TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
No oki	m. WHILE AT NOT WHILE		Th	
22 I hereby contifu that I att	ended the deceased from De	c. 27 1947, to me	rus 19 : 1951	, that I last saw the
deceased alive on Wall 15	, 1951, and that death occur	read at XA: m from the	1	e date stated above.
23A. SIGNATURE		3B. ADDRESS,	ay enuses and on the	23c, DATE SIGNED
m. Xm co err	nath M.D.	1136 Poplar gr	my st	3/19/51
24A. BURIAL CREMA- 24B. DATE TION, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY   240. LO	OCATION (City, town,	or county) (State)
Burial May 22	1951 Holy Redeemer	4430	Belair Rd.	
DATE RECEIVED BY TREGISTRAR	SIGNATURE.	25 UNERAL DIRECTOR	41 04	ADDRESS
LOMAYESISTRAR	en i hanama, ma	Jacob Atolka	cocide S. His	zh St
VC 150		110	ONN B'UT	SII OVA
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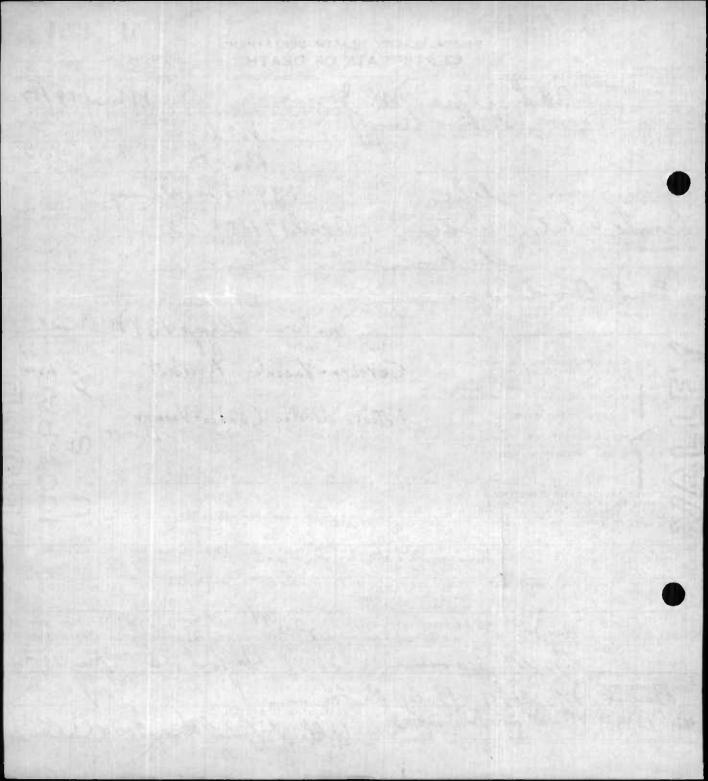
BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
1. NAME OF DECEASED (Type or Print)	Buttion		2. DATE OF DEATH Max	19/51
3. PLACE OF DEATH: A. Baltimore City, Maryland 657	F & Helena	4. USUAL RESIDENCE (W		tution : residence before admission)
B. FULL NAME OF (Indt in hospital or institution)	ition, give street address or location)		outside corporate limits, wr	rite RURAL and give
D.V.	A Yrs.	D. STREET ADDRESS (lf x	numal Give location)	6-56
c. Length of stay in Baltimore	Mos. Days	6518 88	Helens	i aun
	E. MARRIED. WED, DIVORCES (Specify)	8. DATE OF BIRTH	9. AGE (In years if Undor last birthday) Months	
10A. USUAL OCCUPATION (Give kind of 10B. KIN work done during most of working life, even if retired)		1. BIRTHPLACE (State or for	reign country)   12.	CITIZEN OF
work done during most of working life, even if retired)	Ca Deal	Ball	0	WHAT COUNTRY?
13. FATHER'S NAME	(P)	14. MOTHER'S MAIDEN NA	ME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL			
(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	Mr Carolina	Bellem	
18. 10 L V	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.	- a	runama X	un R	4 man
heart failure, asthenia, etc. It means the dises	ase,			
injury or complication which caused dear	th.) DUE TO			Oad 11
ANTECEDENT CAUSES	(0)	emana K	Subula	Torus
O DISEASES OR CONDITIONS, IF ANY, GIV	ING		Jugora	
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.				
0				
11	_(C)			
OTHER SIGNIFICANT CONDITIONS CO				
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING				
19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	RATION		20. AUTOPSY?
K				YES NO
	ACE OF INJURY (e. g., i e, farm, factory, street, office bldg.,	in or 21c. WHERE DID (In etc.) INJURY OCCUR?	f in Baltimore City, give	exact location)
P. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR? .	
m.	WHILE AT NOT WHILE AT WORK		xc	
22. I hereby certify that I attended the	e deceased from L	TEC. 15, 195 00	May 19, 19 5/1	hat I last saw the
deceased alive on May 16- 151	and that death occur			
234.5 GNATURE,		23B. ADDRESS		3c. DATE SIGNED
t). Mermann	м. р.	17106.33	w Sin	5-14-51
24A. BURIAL, CREMA- TION, BEMOVAL (Specify)	24C. NAME OF CEMETE		Balto 6	county) (State)
DATE RECEIVED BY REGISTER'S SIGNAT	URE	25. FUNERAL DIRECTOR		DDRESS
LOCAL REGISTRAR	hama Ma	Welletins?	Home 2112 L	burdalk
VS 150	ma (T			55 B
7C 148F (N 8	29000			2 1 10



# BALTIMO

DRE CITY HEALTH DEPARTMENT	51. 455		
RTIFICATE OF DEATH	Registered No.		

BII	RIH NO.								
1. (T <sub>5</sub>	NAME OF Divpe or Print)	eceased Colt	heri	me m	lones		OF DEATH	lay 19/	57
	PLACE OF DE Baltimore C	EATH: City, Maryland	139NK	roodwan	4. USUAL RE	SIDENCE (W	here deceased lived.  B. COUNTY	If institution : reside: before adm	
HC	SPITAL OR STITUTION	OF (If not in hos	spital of institut	ion, give street address logat	c. CITY OR TO	DWN (If	outside corporate lin	nits, write RURAL ar	nd give vnship)
				0 Y:	rs. D. STREET AD	DRESS (If)	ural, give location)	2	
c.	Sength of st	6. COLOR OR RAC		E. MARRIED. VED_DIVORCED (Spe	8. DATE OF B	IRTH	9. AGE (In years last hirthday)	Vunder   Year   It Under	24 Hours
10/	Male	CUPATION (Give kin	ur	down	april	9 1889	ceign country)	12. CITIZEN OF	
vork	dona during most o	f working life, even if reti-	red) at	INDUST		Ha	e cogni codnery )	WHAT COU	
13.	FATHER'S N	IAME	1		14. MOTHER'S	MAIDEN NA	ME		
15. (Yes,	WAS DECEASE, no or unknown)	D EVER IN U. S. AR (If yee, give war or	MED FORCES?	16. SOCIAL SECURITY NO	o. 17. INFORMAN	VT CO.	139	VI Brend	
	(This does heart failu injury or	BE OR CONDITION LEADING TO DO not mean the more, asthenia, etc. It complication which	EATH le of dying, e. means the diseas h caused deatl	g., (A) Ce)	rebro - Vasc vioscleration		Accident	ONSET AND	TWE N DEATH
-ICATION	RISE TO T	S OR CONDITIONS HE ABOVE CAUSE YING CONDITION	(A) STATING T	NG HE DUE TO	77010	Care	Dise	2,9	*****
CERTII	TRIBUTING	II IGNIFICANT CO TO THE DEATH, E ISEASE OR CONDIT	UT NOT RELAT	ED					
AL		F OPERATION		FINDINGS OF O	PERATION			20. AUTOF	SY?
EDICA	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)	21B. PL	ACE OF INJURY (e. farm, factory, street, office b	g., in or 21c, WHER		f in Baltimore City	, give exact location	n)
ME	D. TIME (	(Month) (Day) (Ye	ear) (Hour)	21E. INJURY OCCU	HILE	DID INJURY	OCCUR?		
	22. I hereby deceased al 23A. SIGNAT	y certify that I	attended the	and that death or	ccurred at 2:45 A	947, to	he courses and on	the date stated	above.
		Joy 1	11 30	were M.D.	2858	Harf	ord Old	Mey 20	(951 State)
710	A. BURIAL, C	DI MA	21/51	24C. NAME OF CEM	e deen	SRY 249. LC	OCATION (City, tow	n, or county)	State)
PA	AY 2 F	151 PACIFIC	R'S SUGNIT	the and Ma	25. FUNERAL	DIRECTOR	O Hom 20	ADDRESS O 4 Orla	
	VS 150	- Weekly	10000	Francis I.	The Real	Q		020	

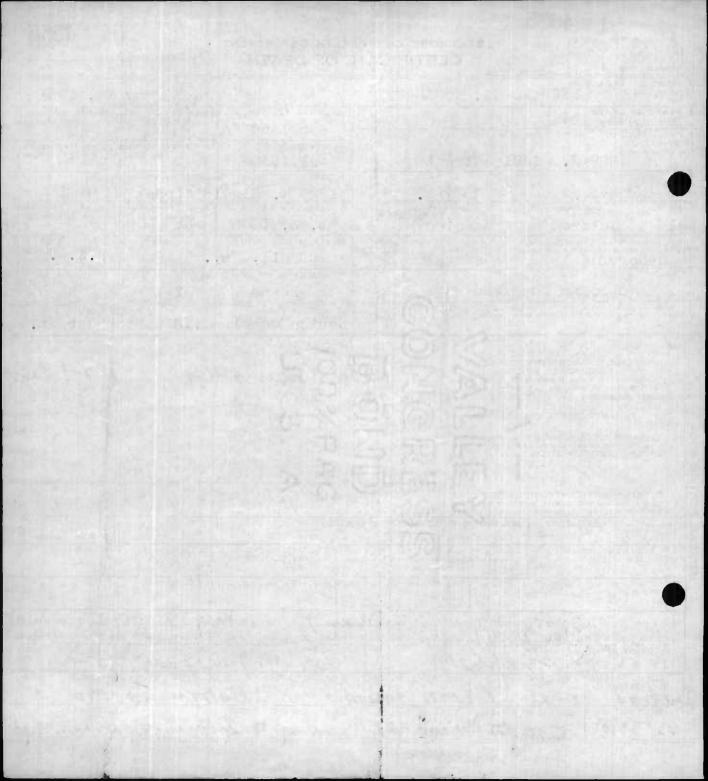


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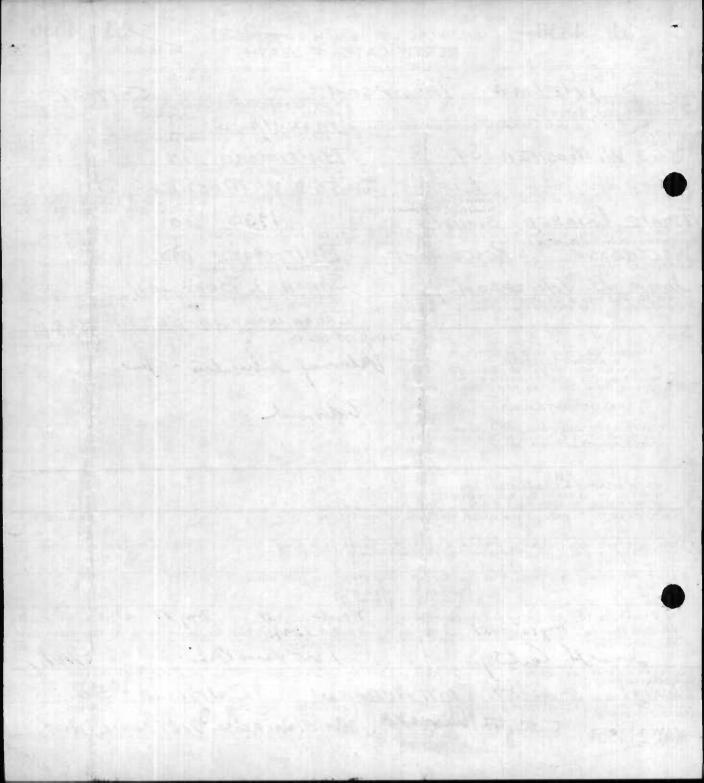
	173	BAL	CERTIFICATI	OF DEATH	Registered No	).	
B	RTH NO.						
	NAME OF DECEASED (Spe or Print) RICHARI	) A. (	COPELAND		2. DATE OF May	I6, I95I	
Α.	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDE A. STATE Maryland	NCE (Where deceased lived. If in B. COUNTY	nstitution : residence before admission)	
2.2	FULL NAME OF (If not in hospit DSPITAL OR ISTITUTION	al or instituti	on, give street address or location)	c. CITY OR TOWN	(If outside corporate limits,		
1	I229 E, Bidd	lle Sti		Baltimor		township)	
	Length of stay in Baltimore	28	Yrs. Mos. Days		ss (If rural, give location) Biddle Street		
	SEX   6. COLOR OR RACE		MARRIED.	S. DATE OF BIRTH	LO ACE UN HORNEL HI	Inder I Year   If Under 24 Hours	
	ale Colored	MODIM	ED. DIVORCED (Specify)	Sept, 3, IS	last birthday) Mon	ths Days Hours Min.	
10	A. USUAL OCCUPATION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign country)   1	12. CITIZEN OF	
	doneduring most of working life, even if retired)  Laborer	Gen	eral	Suffolk,		UWHAT COUNTRY	
13	3. FATHER'S NAME			14. MOTHER'S MA	IDEN NAME		
	Abraham Cope			Elzens	?	V	
Ye (Ye	5. WAS DECEASED EVER IN U.S. ARMEI s, no or unknown) (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Louise Cor	peland, 1319 Wood	dyear St.	
IFICATION	DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It mes injury or complication which of ANTECEDENT CAUS DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	TH  of dying, e. g  ons the disease  caused death  SES  F ANY, GIVIN  STATING TH	e, .) DUE TO (B)	ian Ineur	noug	14 days	
ERI	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT	NOT RELATE	D				
O	19A. DATE OF OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?	
Ļ	TSA. BATE OF GPERATION	SB. MASON	TIMBINGO OF OF EA	ATTOK			
MEDICA	21A. ACCIDENT, SUICIDE.   21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   21C. WHERE DID   (If in Baltimore City, give exact local linguity)   (If in Baltimore City, give exact local						
4	O. TIME (Month) (Day) (Year)	- 1/12	NHILE AT WORK NOT WHILE	ED 21F. HOW DID	INJURY OCCUR?		
	22. I hereby certify that I att			7 /		that I last saw the	
	deceased alive on May	_, 19,	and that death occur	rea at 7 m.,	from the causes and on the		
	23A. SIGNATURE	eppe	red M.D. 2	38. ADDRESS	Jultonaux	3 - 18 J	
Z.II	4A. BURJAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	00	MT. AUBU		BALTIMORE.		
5	ATE RECEIVED BY REGISTRAR		RE	25. FUNERAL DIR		ADDRESS	

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~ CA ACCO	54	4556
	EALTH DEFARIMENT	4000
BIRTH NO.	E OF DEATH Registered No	
1. NAME OF DECEASED (Type or Print)    HE   M     Hompse	2. DATE OF DEATH 5-17-	51
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If instituti	on : residence pefore admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR Location)	MARYIAND	
563 W. MOSHER ST	The state of the s	township)
Yrs.	D. STREET ADDRESS (If rural, give location)	Alexander and a second
congth of stay in Baltimore LIFE Mos. Days	563 W. MOSHER ST.	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify,	8. DATE OF BIRTH 9. AGE (In years   f Under Ver   last birthday)   Months; Da	Hours: Min.
TOAL USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR	1730 20	
work done during most of working life, even if retired) INDUSTRY	Y WH	TIZEN OF RAT COUNTRY?
13. FATHER'S NAME	13 ATTIMORE MD.	
JOHN B. THOMPSON	SARAH A. BlACKWEll	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS	
SECORITI NO.	SARAH IHOMPSON- 563 MOSH	FER ST.
18. DOYX CAUSE		ERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	lenones To be a le : - Feel	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ampy Savagas - 3-0	
injury or complication which caused death.) DUE TO		
Z ANTECEDENT CAUSES	advonced	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		***************************************
UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CON-		
TO THE DISEASE OR CONDITION CAUSING IT.	PATION 120	D. AUTOPSY?
NEW PARTE OF OF ERRATION OF THE PROPERTY OF TH	YE	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg.	io or 21C. WHERE DID (If in Baltimore City, give exact) INJURY OCCUR?	ct location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK AT WORK		
22. I hereby certify that I attended the deceased from		I last saw the
deceased alive on 19.17, 19.17. and that death occu	erred at Ling., from the causes and on the date	
23A. SIGNATURE H. Control	238. ADDRESS Have Dr	DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 240. LOCATION (City, town, or count	ty) (State)
BURIAL 5-21-51. MT. AUBO	IRN BAITIMORE 30	3.
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRI	ESS
MAY 2 1 19 CT Links for I Washington	Wm. A. JACKSON-916 ENNA.	AUE
The VS 150	12	P.
78401	7 13	10



UTING T CAUSE OF DEATH.

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

210. TIME (Month) (Day) (Year) (Hour)

WORK

OF INJURY

22. I certify that I took charge of the remains described above, held an

thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 3. accident [], suicide [], homicide [], undetermined [].

23A, SIGNATURE

238, CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR

insp. & Inq.

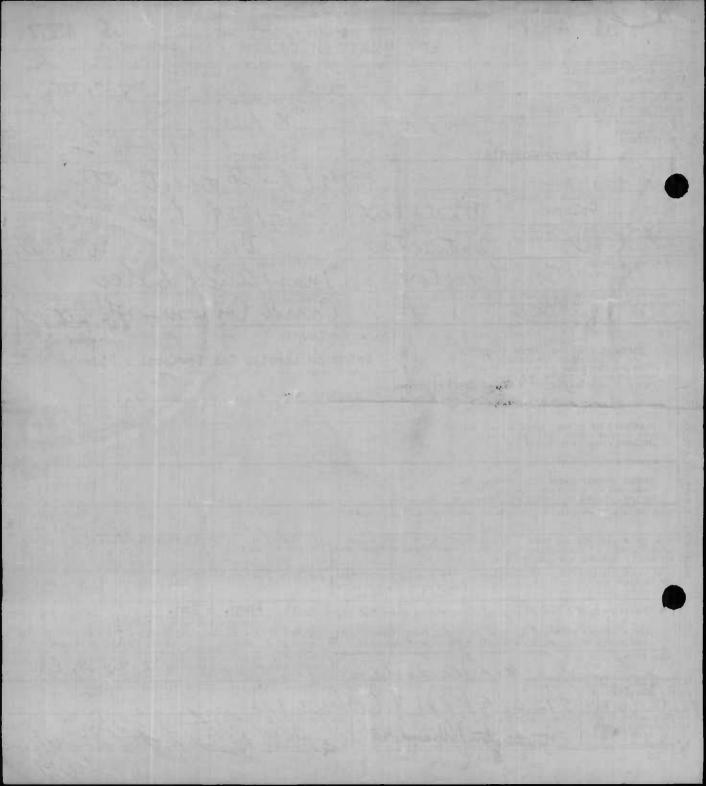
24D. LOCATION (City, town, or county)

DATE RECEIVED BY

PUNERAL DIRECTOR

ADDRESS

LOCAL REGISTRA



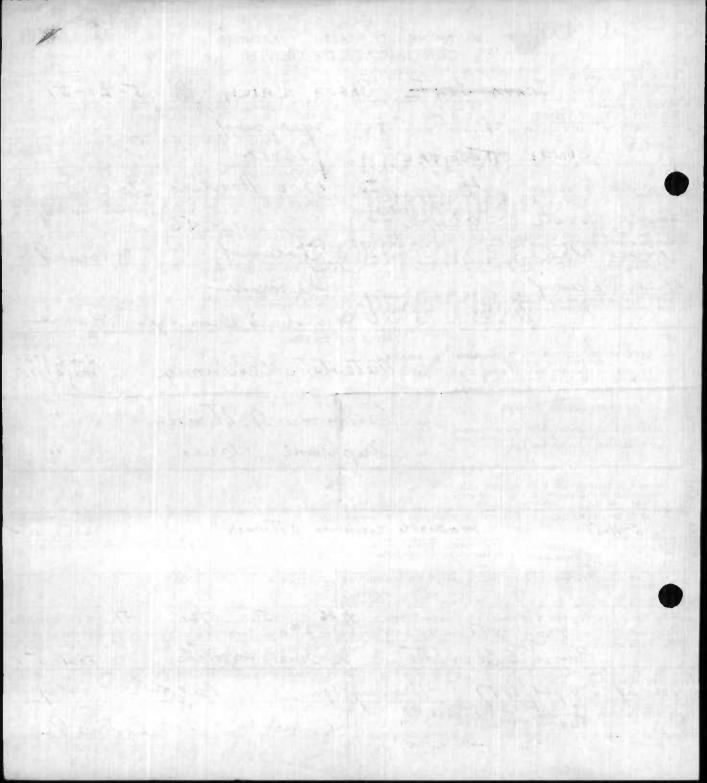
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## BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

51 4558 Registered No.

46 B

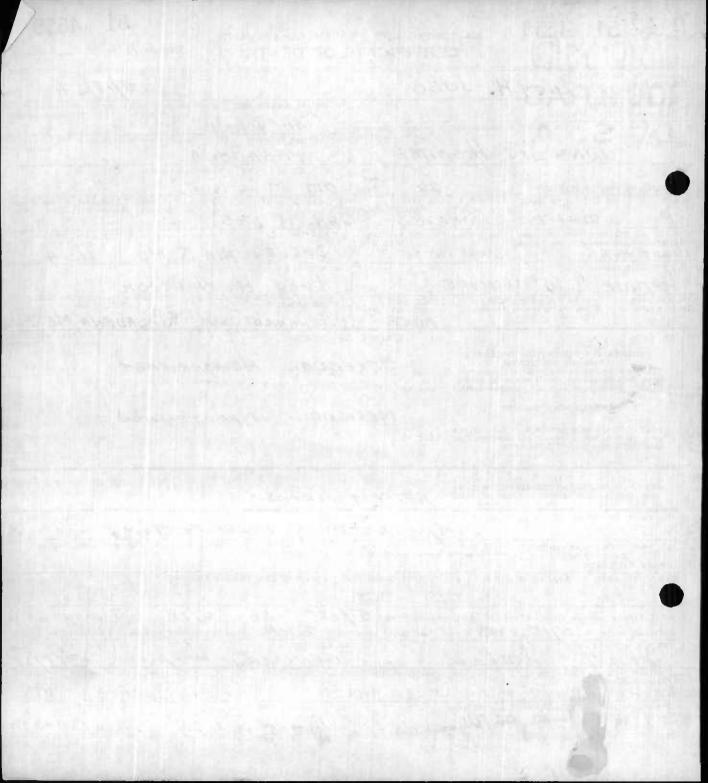
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Shave Beatz Sheva Baich OF DEATH	5-21-51
3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where decear	
B. FULL NAME OF (If not in hospital or institution, give street address or Maryland	
	porate limits, write RURAL and give township)
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
by high of stay in Baltimore  Yrs.  D. STREET ADDRESS, (If rural, give)  1700  Corlem	ave 16-03
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE ( WIDOWED, DIVORCED (Specify) last big	In years     Under   Year     H Under 24 Hours   rthday   Months: Days   Hours: Min.
Temaly While Wisdon 56	Tours Mill.
10A. USUAL OCCUPATION (Give kind of ork doos during most of worklog life, even if retired) IOB. KIND OF BUSINESS OR INDUSTRY	
House Wak Voland	Poland Country?
13. FATHER'S NAME	
Moser Dairy Devorale	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT Yes, no or uoknown) (If yes, give war or detes of service) SECURITY NO.	ADDRESS
SECURITY NO. Mrs. Some War or detes of service)	J- Same
18. / CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A) Metastatic Carcinomo	Van 1, 1951
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	Muy 21,1857
DISEASES OF CONDITIONS, IF ANY GIVING	6 "
DICE TO THE ABOVE CAUCE (1) CONTINUE THE	
UNDERLYING CONDITION LAST. (C) Suphunic about	1,
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5-11-57 moperable concumuma of stomach	YES NO P
LYING OR CONTRIBUTING   about home, farm, factory, street, office bldg., etc.)   INJURY OCCUR?	nore City, give exact location)
CAUSE OF DEATH	
21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  while at work at work	
	, 1957, that I last saw the
deceased alive on May 21, 19 57, and that death occurred at 2'0, 1957, to 5/2/  23A. SIGNATURE 23B. ADDRESS	and on the date stated above.
23A. SIGNATURE 23B. ADDRESS	23c. DATE SIGNED
Emai S. Berngarll M.D. Smai Hespital	5-21-51
24A. BURIAL, CREMA- TION, REMOVAL (Specify)  121/1951  Herring Run  Bull	(City, town, or county) (State)
DATE RECEIVED BY I REGISTEAR'S SIGNATURE AND 125 FUNERAL DIRECTOR	ADDRESS
LOGAN REGISTRAR Tuntington Williams In José Seure In 210	D Eutaw PL
VS 150	
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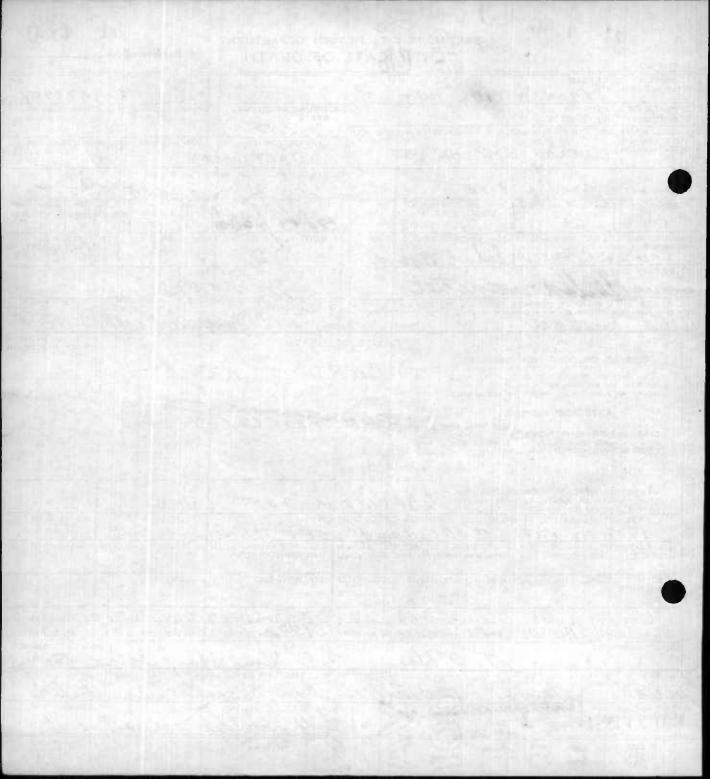
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51	4559

J- 100 51 4559 BALTIMORE CITY HI	EALTH DEPARTMENT X 31 4559
BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED LUCY H. JUBB	2. DATE OF DEATH 5/18/51
s. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address on location) INSTITUTION  UNIVERSITY HOSPITAL	
ngth of stay in Baltimore 22. Days	D. STREET ADDRESS (If rural, give location)  OLD MILL ROAD
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify: MARRIED)	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Year   If Under 24 Hours
10A. USUAL OCCUPATION (Give kind of rock done during most of working life, even if retired)  HOUSE WORK  OWN HOME.	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
ARTHUR C. WITITEMORE	14. MOTHER'S MAIDEN NAME LUCY H. WANCOCIC
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	W. ECKHARDT JUBB, RASADENA, MD. RF.D
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	IGNANT HYPERTENSION
TO THE DISEASE ON CONDITION CAUSING IT.	SELEROSIS
	TOMY Y ADRENAKECTOMY YES NO X
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY  MHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from deceased alive on 5/18, 195/. and that death occur	rred at 2:30 Pm., from the causes and on the date stated above
What. Strahau M.D.	University Hosp. 23c. DATE SIGNED
24A. DURIAL, CREMA- TION REMOVAL (Specify) BURIAL MAY 21, 1951 TLEN HA	VEN GLEN BURNIE. MD
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS

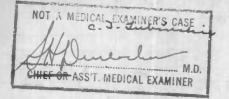


ВІ	RTH NO.			CERTIFI	CATE	E OF DEATH	Regist	tered No.	-
	NAME OF E	DECEASED				***************************************	La Die		
	ype or Print)		STIEL	, wm.	R		2. DATE OF DEATH	192	171951
	PLACE OF D Baltimore	City, Maryland		- 2		4. USUAL RESIDENCE (W	here deceased I B. COUI		itution : residence before admission)
	FULL NAME	OF (If not in hospit	tal or instituti	on, give street ad	dress or	mv.			74
	SPITAL OR	LUTHERAN	NOST C		ocation)	C. CITY OR TOWN (If		ate limits, w	rite RURAL and give township)
					37	D. STREET ADDRESS (If:		Many / le	-04
	4				Yrs. Mos.	D. STREET ADDRESS (II	rurai, give loca	tion) -	
Ċ.	Length of s	stay in Baltimore	L176		Days	600 N. N	LONRO	0E S	7.
5.	SEX	6. COLOR OR RACE		MARRIED. ED, DIVORCED	(Specify)	8. DATE OF BIRTH	9. AGE (In y	ears If Unde	Days Hours Min.
10				rl		0/0//	64		
	done during most	CCUPATION (Give kind of of working life, even if retired)	PAL		USTRY	11. BIRTHPLACE (State or fo	reign country)	12.	WHAT COUNTRY?
1.3	FATHER'S		120 M	V Draw	~	14. MOTHER'S MAIDEN NA	AME		- 0.
7	ouise	Polar	nano	tiel		/// //	ww		
15	. WAS DECEAS	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL		17. INFORMANT		ADDF	FCC /
1	olla.	(If yes, give wer or date	ee of eervice)	SECURITY	NO.	Mrs Mary E. Hom	resteel	600 N1	Mouroe St.
	18. / /	2 \/		CA	HEE	OF DEATH			INTERVAL BETWEEN
	10	3 X 1			OSL .	OF BEATH			ONSET AND DEATH
	DISEA	SE OR CONDITION LEADING TO DEA	DIRECTLY		1				
	(This doe	s not mean the mode	of dying, e. g	(A)	CA	RDIAC AT	KEST		
۳.	heart fail	ure, asthenia, etc. It mea	ans the disease	e, .) DUE TO					A 17 L - 1 5 2 1
	1113419 01	complication which	caused death.	, 502 10					
		ANTECEDENT CAU	SES	7	DALE	=	10		
RTIFICATION	DISTACE	C OF CONDITIONS			IVE	EUMONECTON	7.7		
ĭ		S OR CONDITIONS, I							
<		YING CONDITION L							
2									
2		II		(C)					
œ		SIGNIFICANT COND							
CE		G TO THE DEATH, BUT DISEASE OR CONDITION		CAR	CINO	OMA, LEFT	LUNG		
_				FINDINGS OF					20. AUTOPSY?
A	17	nAV ISCA	110	RILINA.	- 1	LEFT LUNG			YES NO
Ü	21A ACCID	ENT. SUICIDE.	218 PLA	CE OF INJURY	(c. E. ir	or 21c. WHERE DID (I	f in Baltimore	City, give	exact location)
EDICAL	HOMICIDE	(Specify)				INJURY OCCUR?			
Σ	D. TIME	(Month) (Day) (Year	) (Hour)   2	21E. INJURY O	CCURRI	ED 21F. HOW DID INJURY	OCCUR?		
К	INJURY		w	HILE AT NO	T WHILE				
			m.		TWORK				
	22. I herel	by certify that I at	tended the	deceased from	27	APR 195/to16	MAN	195 /ti	hat I last saw the
	donnand a	line on 19 mary	10 0	accomposition of the state of t	6 00000	red at 1 40 Pm., from to	he englace an	d on the	late etated above
	23A. SIGNA			ina inai aeat.	n occur		ne causes an		3c. DATE SIGNED
	23A. 31G1VA	Jue	1	21/	1 -	SB. JUDINESS	1.1	010	SC. DATE SIGNED
		anno	1. 6	yara	. p/.	mun 1	voge	Muce	1 11 rays
710	A BURIAL	CREMA- 24B. DATE	1 3	4c. NAME OF	EMETE	RY OR CREMATORY 24D. LO	OCATION (Cir	y, town, or o	county) (State)
1	nuckl	1 5/22/	51, 1	W Ballo	10ac	6,600 5500	0 201/1	o done	6 auce
D	ATE RECEIVE		STOLE WATE	RELA ME	1	25. FUNERAL DIRECTOR	0	AD	DRESS
L	AYROGIS	351 3400	-	101	1	fol Uh and		11.00	4
		301 May -	A STATE OF THE STA	2 Enhances	· A	HUIT Cowauld of	W 9011	Holly	is of
	VS 150		2 5		0	475 5 2			11 = >
				5	64	81			479



CERTIFICATE OF DEATH  Registered No							
BIRTH NO.		- Or DEATH					
1. NAME OF DECEASED (Type or Print)	At		2. DATE OF DEATH	15,1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived. If in B. COUNTY	stitution : residence before admission)			
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR INSTITUTION INSTITUTION	n, give street address or	C. CITY OR TOWN (If	outside corporate limits,				
Baltimore !	5 Md	Bartiner	ne	township)			
	Yrs.	D. STREET ADDRESS (If		1			
c. Length of stay in Baltimore	Mos. Days	418 N.	exeter 5	t.5-02			
Femal 6. COLOR OR RACE 7. SINGLE WIDOWE	MARRIED. DIVORCED (Specify)	8. DATE OF BIRTH		nder I Year the Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 1	2. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	0			
			Arount				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT The Jo	hns Hopkins Hasi	olize's			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY, GIVING RISE TD THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(A)	lual la	mulae	ONSET AND DEATH			
	19A DATE OF OPERATION - 198 MAIOR FINDINGS OF OPERATION						
21A. ACCIDENT WAS UNDER.  21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH  21A. ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (e. g., in or linguist)  About home, farm, factory, street, office bldg., etc.)  INJURY OCCUR?							
INJURY	INJURY WHILE AT NOT WHILE						
22. I hereby certify that I attended the d		-15 1981 to	7-15 1951	that I last saw the			
		red at 7 2 P, m., from ti					
23A. SIGNATURE CALL Q. Work			is Hospital	23c DATE SIGNED 5-16-51			
24A BURIAL, CREMA-24B. DATE WON REMOVAL (Specify) 5/23/5/	C. NAME OF CEMETER	AY OR CREMATERY 1124B. E	OCATION (City, town, or	r county) (State)			
DATE RECEIVED BY A RECURRANTS SIGNATURE	EUA RE	25 FUNERAL DIRECTOR	# 1	ADDRESS			

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Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City. Maryland A. STATE BACOUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR \_location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Time D. STREET ADDRESS (If rural, give location) ngth of stay in Baltimore Days 9. AGE (in years If Under I Year Is Under 24 Hours Months Days Hours Min. 50SEX 6. COLOR OR BACE 7. SINGLE, MARRIED 8. DATE OF BIRTH NOWED, DIVORGED (Specify) 10A. USUAL OCCUPATION (Give kind of) 10B, KIND OF BUSINESS OR 11. BIBTHPLACE (State or foreign country 12. CITIZEN OF work done during most of Perking life, even if retired) INDUSTR COUNTR TATEVIAL 14. MOTHER'S NAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknowe) (If yes, give ar or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death. DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ū TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 194 MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 218. PLACE OF INJUNY (c. g. fin or about home, arm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! WORK 22. I hereby certify that I attended the deceased from\_ 19 1 that I last saw the deceased alive on. 19 I. and that death occurred a fine Am., from the causes and on the date stated above. 23A. SIGNATURE 23C. DATE SIGNED

24A. BURIAL CREMA-TION, REMOVAL (Specify) BULLIOI

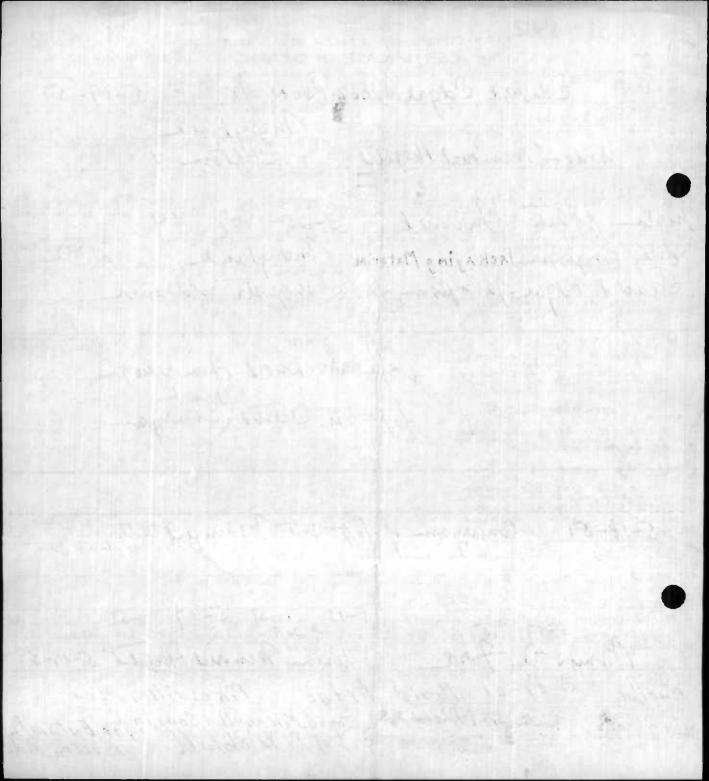
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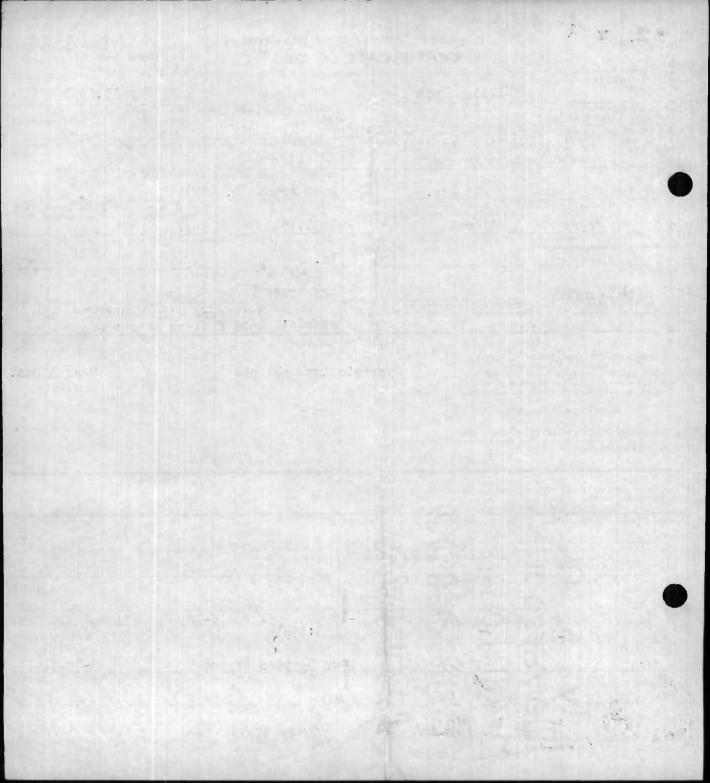
BIRTH NO. 51 4563 BALTIMORE CITY HE CERTIFICATE	
1. NAME OF DECEASED (Type or Print) William H. Bec	Ker 2. DATE 5-18-51
3. PLACE OF DEATH: A. Baltimore City, Maryland Bello. Md.  B. FULL NAME OF (If not in hospital or institution, give street address or location)  INSTITUTION Bon Secours Hospital	4. USUAL RESIDENCE (Where dcceased lived. If institution: residence A. STATE B. COUNTY before admission)
ngth of stay in Baltimore LIFE Yrs. Mos. Days	3547 June way
6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 5-25-92  9. AGE (in years of Under I Year Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)  Sales men and ALLEN - SON  13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country)  Ballinove  12. CITIZEN OF WHAT COUNTRY
Charles Becker	Elizabeth Stark
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  216-07-3653	9-Mrs Tellian Becker - 3547 Juneury
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING	of DEATH  te pulmonary edema  rt Insufficiency  evisl Hypertension
Per	nome of bladder
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., et	YES WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE INJURY  m. WHILE AT NOT WHILE AT WORK	21F. HOW DID INJURY OCCUR?
deceased alive on 18, 19 51, and that death occur	red at 7 p.m., from the causes and on the date stated above.  3B. ADDRESS  23C. DATE SIGNED  25 W. FLYEV.
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER TION REMOVAL (Specify) 5-33-1951 Oak 1	State)
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
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# 51 4564

# CERTIFICATE OF DEATH Registered No. 1564

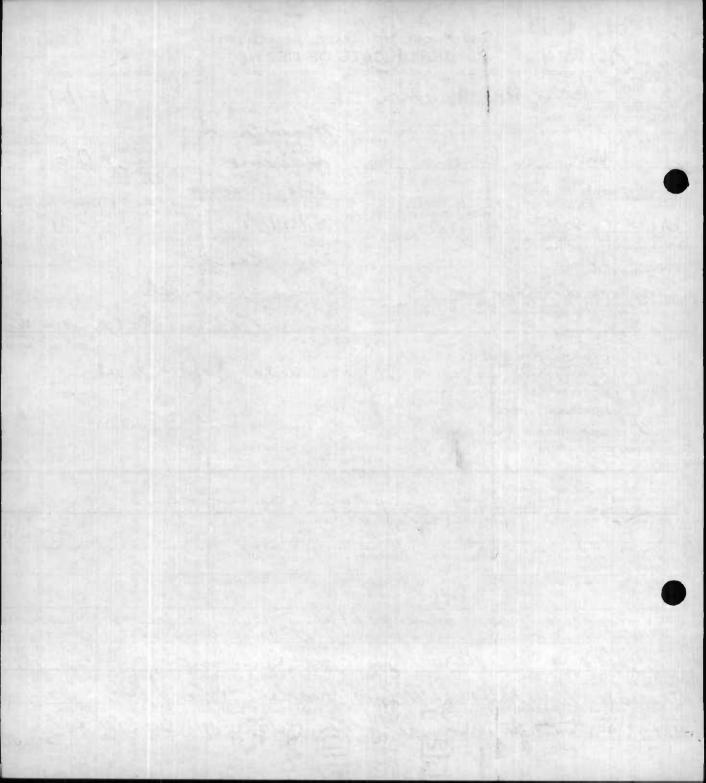
BIRTH NO.		CLIVIII ICAI	L OI DEATH				
1. NAME OF DECEASED (Type or Print)	William	n Nash	2. DATE OF DEATH May 19,1951				
3. PLACE OF DEATH:  a. Baltimore City, Mary  B. FULL NAME OF (If no		on, give street address or	4. USUAL RESIDENCE (\\ A. STATE Maryland		f institution : residence before admission)		
HOSPITAL OR Bal		ospitals location)		outside corporate limi	ts, write RURAL and give township)		
ngth of stay in Bal		Yrs. Mos. Days	D. STREET ADDRESS (If 2008 Brunt St.	4 4			
5. SEX 6. COLOR Negro	WIDOW	. MARRIED. ED, DIVORCED (Specify)	July 1,1913	9. AGE (In years last birthday) M	onths Days Hours Min.		
IOA. USUAL OCCUPATION ork done during meet of working life, e	(Give kind of 10B. KIND cen if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME			
Bert Nash			Mary Bruce (D)				
15. WAS DECEASED EVER IN (If yes, given	J. S. ARMED FORCES? war or dates of service)	16. SOCIAL SECURITY NO.	Records: 4940 I	nore City Hos Eastern Avenu	PITTE ie		
18. 521X		CAUSE	OF DEATH		INTERVAL BETWEEN		
(This does not mean theart failure, asthonia,	IDITION DIRECTLY TO DEATH he mode of dying, e. g etc. It means the disease which caused death.		nic lung abscess		Over 3 Mos.		
DISEASES OR COND	AUSE (A) STATING TH	(B) G E DUE TO					
UNDERLYING CONE	ITION LAST.	(C)		***************************************			
OTHER SIGNIFICAN	ATH, BUT NOT RELATE	D					
19A. DATE OF OPERAT	ON O 198. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?		
21A. ACCIDENT WAS I LYING OR CONTRIB CAUSE OF DEATH		CE OF INJURY (e. g., i irm, factory, atreet, office bldg.,	n or 21c. WHERE DID (18tc.) INJURY OCCUR?	If in Baltimore City,	give exact location)		
210. TIME (Month) (DE		HILE AT NOT WHILE WORK AT WORK		OCCUR?			
22. I hereby certify t	hat I attended the	deceased from 5	-19 , 1951, to		1, that I last saw the		
deceased alive on 5	19 , 19 51 . 6		rred at De m., from t	he causes and on t	he date stated above.		
	1.5. Ch		4940 Eastern Aven	ue	5-20-51		
24A. BURIAL, CREMA- 241 TOM REMOVAL (Specify)	-/22/5/	MA CU	RY OR CREMATORY 24D. L	a Same			
DATE RECEIVED BY RECLOCAL REGISTRAR	STRAR'S SIGNATU	Miame, M.M.	25. FUNERAL DIRECTOR	ICE -661	W, BARREY		
VS 150	present and the	Assign human A			114)		



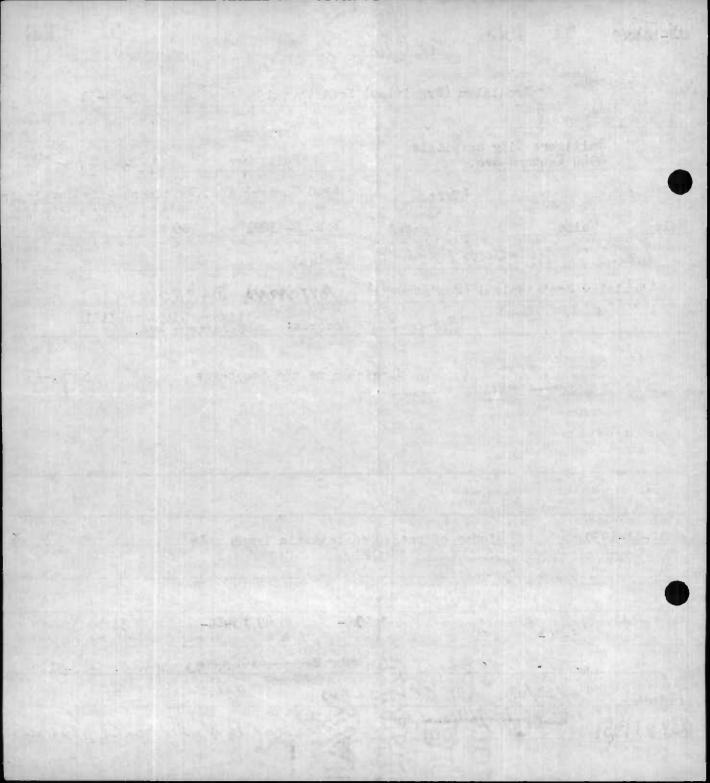
VS 150

# BALTIMORE CITY HEALTH DEPARTMENT

51-12056 Registered No. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) 3 allan DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. ococis ength of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) II Under T Year WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours : Min. 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? none navelan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME verson o 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... ERTIFI H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL NO 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK deceased alive on 5/21, 1951, and that death occurred at 7°47 m., from 23A. SIGNATURE 5 /2/, 195, that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C NAME OF CEMETERY OF CREMATORY | 240 LOCATION (City, town, or county) DATE RECEIVED BY REDISTRAR'S SIGNATURE 25. FUMERAL DIREC ADDRESS LOCAL REGISTRAR



BIRTH NO.	CERTIFICAT	E OF DEATH	registered i	.10,			
1. NAME OF DECEASED (Type or Print) Bronisla	au (Bronislaw)	Poniatowski	2. DATE OF DEATH 5-	20-51			
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or instit	ution give street address or	4. USUAL RESIDENCE (WA. STATE Maryland		institution: residence before admission)			
HOSPITAL OR Baltimore City House Hospital Ave.	ospitals location)		outside corporate limit	ts, write RURAL and give			
c. Cength of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If 4940 Eastern Ave		City Hospital			
5. SEX   6. COLOR OR RACE   7. SING	LE. MARRIED. OWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH	9 AGE (ID Vears)	M Under 1 Year M Under 24 Hours onths Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of work done during more of working life, even if retired)	OF BUSINESS OR HNDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME Stanislaw Poniatoniski	(Poniatowski)	14. MOTHER'S MAIDEN NA	TABROWSA	, ;			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANTBaltime	ore City Hospastern Ave.				
DISEASE OR CONDITION DIRECTL' LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused dea	Y Garcin	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH			
DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO (C)						
U TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TED IT	H					
12-11-1950 Biop	21A. ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location)  LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?						
O. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		OCCUR?				
22. I hereby certify that I attended the deceased alive on 5-20-, 19 51 23A. SIGNATURE	e deceased from 5-1 and that death occur	LO-, 1949, to5-2	he causes and on t	1 that I last saw the he date stated above.			
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)  S/22/57	24c. NAME OF CEMETE ST. STANISA	RY OR CREMENT 24D. LO	OCATION (City, town				
DATE RECEIVED BY REGISTRAR'S LICHNICAL REGISTRAR	History Mal	25. FUNERAL DIRECTOR	Weber 705	S. anne			
, VS 150	9704	4556		46a			



## BALTIMORE CITY HEALTH DEPARTMENT

51 4567

DID:				CERTIFI	CATE	E OF DEATH	Regi	stered	NO	
	TH NO.									
	AME OF D	ECEASED	ANNIE	TRU	ETT	(TRUITT)	2. DATE OF DEATH	May	I8th,	1951
A. B		City, Marylan				4. USUAL RESIDENCE		d lived. If UNTY		residence re admission)
B. FU	JLL NAME	OF (If not in	hospital or institu	tion, give street ac	dress or ocation)		If outside corp	- V	DI	
INS	TITUTION	23I2 W.	Lexingto			Baltimore	n outside corp	20	IS WEIGHT	township)
	ngth of s	tay in Baltim	ore	40 yrs.	Yrs. Mos. Days	23I2 W. Le			eet	
5. S		6. COLOR OR	RACE   7. SINGL	E. MARRIED.		8. DATE OF BIRTH	9. AGE (II	n years	If Under 1 Year	If Under 24 Hours Hours: Min.
	emale	Colore	ed   Wid	owed		Oct. IO, I87	9 11		onths Days	Hours Min.
10A. work de	one during most o	CUPATION (Giv.) of working life, even if SOWIFO	(retired)	of Business home	OR	Virginia	foreign countr	У)	U.S.	COUNTRY?
13. F	FATHER'S N					14. MOTHER'S MAIDEN				
		es Pratt				Eliza	Lattne	ЭУ		
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.						Norman Truitt	2312		DDRESS Exingto	on St.
CERTIFICATION	(This does heart failu injury or DISEASES RISE TO T	LEADING TO not mean the re, asthenia, etc. complication w ANTECEDENT	mode of dying, e. It means the disea which caused deat CAUSES  DNS, IF ANY, GIVI SE (A) STATING T	g., (A) se, h.) DUE TO (B)	Ca He met	mon Con	•		7 2 4	-MA-0
CERTIF	TRIBUTING	TO THE DEATH	CONDITIONS CO I, BUT NOT RELAT DITION CAUSING	ED	••••					
AL.	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION							20. A	UTOPSY?	
21A. ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21c. WHERE DID INJURY OCCUR?										
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK									
			t I attended the	deceased from		1-29 , 1957/to				
	deceased al	live on 5.	18,1951.	and that deat		red at 4 Am., from	the causes	and on t	he date ste	ated above.
2	23A. SIGNA	TURE	1. Han	n.	4. D.	38. ADDRESS 2 224 /A	Lade.	3 6	23c. DA	TE SIGNED
24A	. BURIAL,	CREMA- 24B. D				RY OR CREMATORY   24D.	LOCATION (	City, town	, or county)	(State)
	, REMOVAL (S		77-51	MT. A.	1000	Pal R	alrim	APC	Mr	

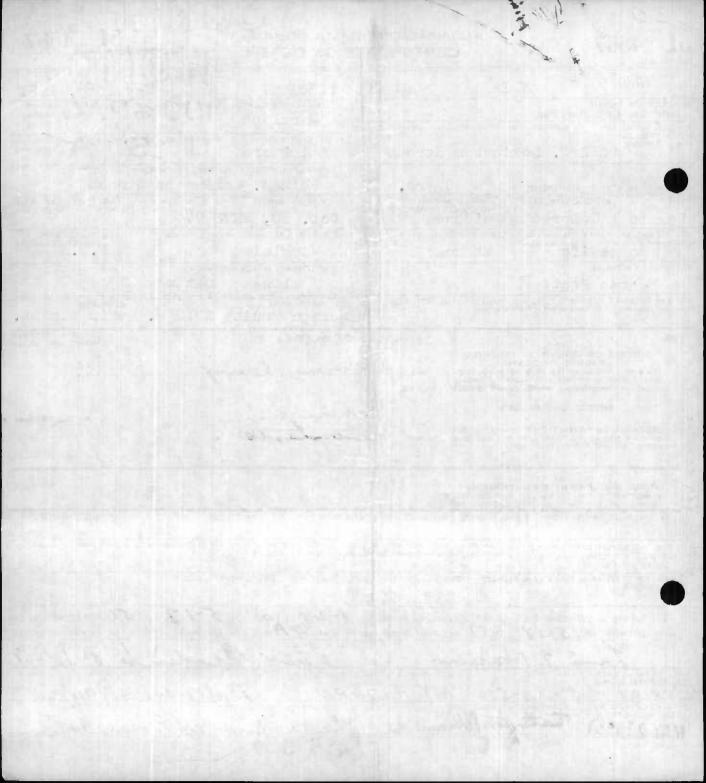
DATE RECEIVED BY LOCAL REGISTRAR

25. FUNERAL DIRECTOR

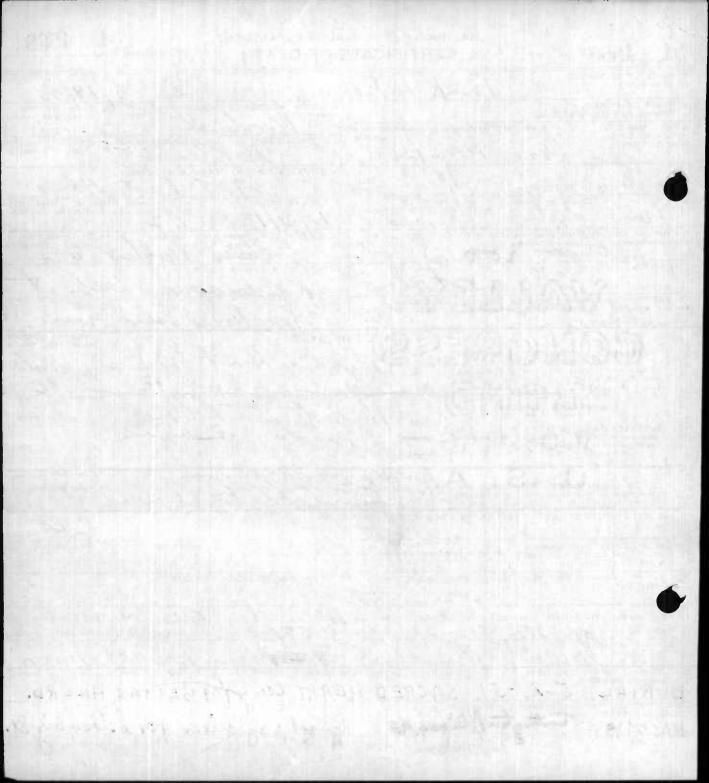
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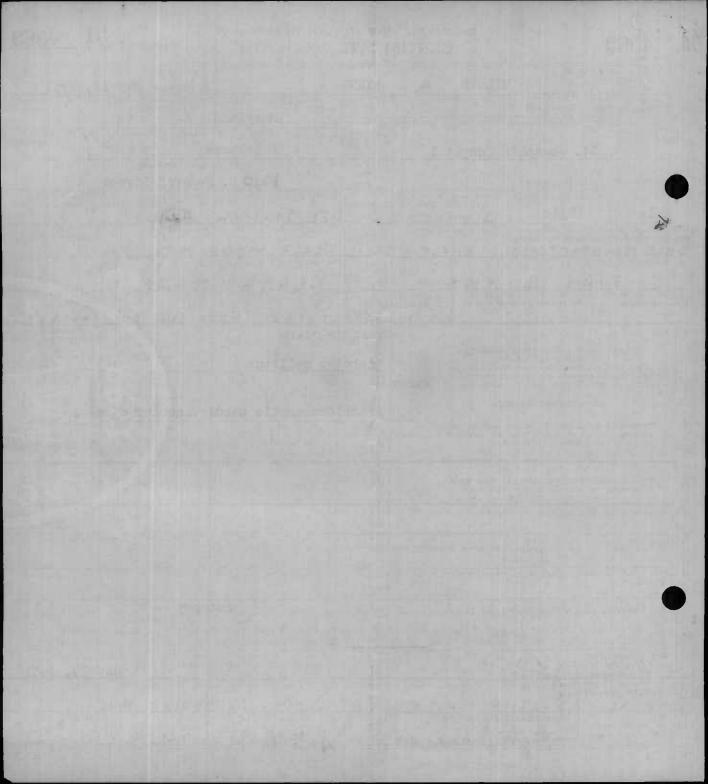


BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits write RURAL and give INSTITUTION township) Yrs. (If rural, give location) D. STREET ADDRESS Mos. ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE! MARRIED 8. DATE OF BIRTH If Under 1 Year AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. enred 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, eyen if retired) INDUSTR WHAT COUNTRY? west. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) ADDRESS SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ERTI OTHER SIGNIFICANT CONDITIONS CON--20 years TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? CF INJURY WHILE AT NOT WHILE m. WORK AT WORK 22. I hereby certify that I attended the deceased from 5. . 1951, to\_ 5/19, 195/, that I last saw the deceased alive on \$ 5/19, 1951, and that death occurred at 5 2 km., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY LOCAL REGISTRAR VS 150



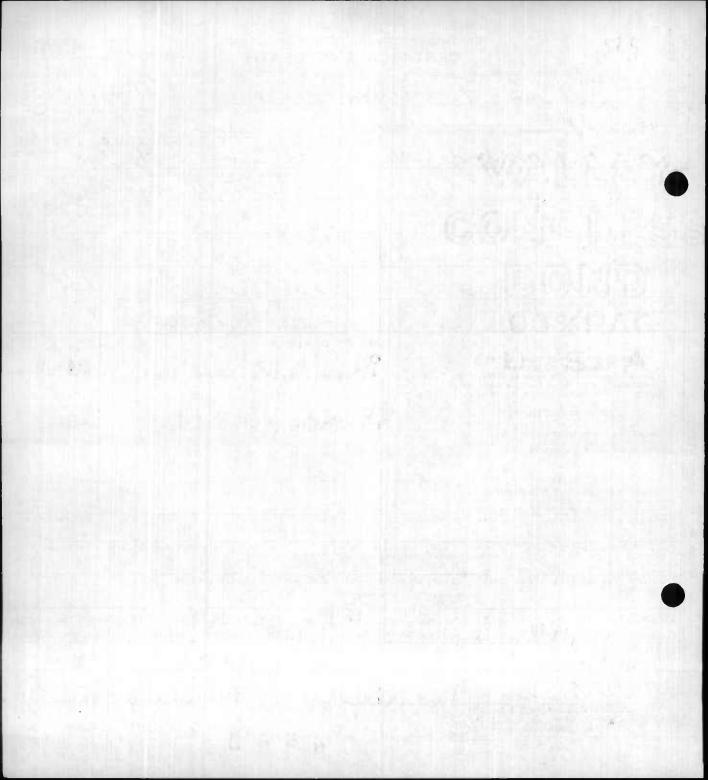
Registered No. 1 4569

1. NAME OF DECEASED (Type or Print) 2. DATE WILBER BYRNE May 18, 1951 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH A. Baltimore City, Maryland B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B FILL NAME OF location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, with RURAL and give INSTITUTION Baltimore St. Joseph's Hospital D STREET ADDRESS (If rural, give location) Vre Mac 120 E. Federal Street ength of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8 DATE OF BIRTH 9. AGE (In years | | Under | Year | If Under 24 Hours last birthday) | Months: Days | Hours: Min. If Under 24 Hours Male White DIVORCED 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of I 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY SHOE MANUFACTURER MINRE 13. FATHER'S NAME, DEALS IN 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. KENTHEKV INTERVAL BETWEEN CAUSE OF DEATH 60 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Diabetes mellitus (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) XXXXXX ANTECEDENT CAUSES Arteriosclerotic cardiovascular disease ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB-218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING TI CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE WORK AT WORK Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes X, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \) undetermined \( \subseteq \) 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER ... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR V S 151 4.28.20



Registered 1 4570

BIRTH NO.			
1. NAME OF DECEASED (Type or Print) William F. Deegan	2. DATE May	19 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If the	titution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or		7	
HOSPITAL OR INSTITUTION N. Montford ave.	C. CITY OR TOWN (If outside corporate limits, N	te AttRAL and give township)	
congth of stay in Baltimore  Yrs.  Mos.  Days	D. STREET ADDRESS (If rury), give location)	Lave.	
5. SEX   6. CQLQR OR RACE   7. SINGLE, MARRIED.		er I Year   If Under 24 Hours	
Male White Single (Specify)	Dec. 13 1911 But birthday) Month	s Days Hours Min.	
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12	CITIZEN OF	
Sugued Knitter Muray Baumpetner	Baltimone-Md.	WHAT COUNTRY?	
13. FATHER'S NAME SING ARRIVAL	14. MOTHER'S MAIDEN NAME		
John P. Wugan	Loretta M. Mans	und/	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no of unknown) (If yes, give war or dates of bervice) SECURITY NO.	17 PINFORMANT A ADDI	RESS	
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 216-09-9597	Loutta M. Deegan - 1505	n. Montlood	
		INTERVAL BETWEEN	
48. 401,2 1 CAUSE	OF DEATH	ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY	Ch ( W. I III )	Muse man	
(This does not mean the mode of dying, e.g., (A)	Macan 1815, [LM] TOUMOND YELDON	Colle Meet	
heart failure, asthenia, etc. It means the disease, injury or complication which eaused death.) DUE TO			
ANTECEDENT CAUSES	v. V		
	ametic VIII	Willem	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			
UNDERLYING CONDITION LAST.			
<u>u</u> (C)			
OTHER SIGNIFICANT CONDITIONS CON-			
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?	
ĬĀ		YES NO	
YES NO L  21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?		
INJURY WHILE AT NOT WHILE	INJURY		
m. WORK AT WORK	- 100 / 100		
22. I hereby certify that I attended the deceased from	1 11 to 19 11 to 19 11 to 19 11 to	hat I last saw the	
deceased aline on 19 11 19 1, and that death occur	rred at 5.30 hr., from the causes and on the c	date stated above.	
		3c. DATE SIGNED	
MOWAY Volumed M. D.	1613 N. WILLEM WW	14 11 1651	
24A. BURIAL, CREMAI 24B. DATE 124C. NAME OR CEMETE	RY OR CREMATORY   PAD. LOCATION (City town, or	county) (State)	
TION REMOVAL (Specify) Mars 22/95/ Mars 10-0 00		UN OF E	
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR AL	DDRESS	
LATAY 29 1951 the the Miliane Ma John C. Milley Inc. 2+35 C. Olive St			
VS 150	1 4 5 6 2	030	
	6.0	/1 /	



BALTIMORE CITY HEALTH DEPARTMENT 4571 4571 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH - 20 - -4. USUAL RESPENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in respite) or institution, give street address or B. FULL NAME OF location) HOSPITAL OR C. CITY OR TOWN (If outside corporate jimit, write RURAL and give INSTITUTION township) D. STREET ADDRESS of rural, give location) Yrs. Mos. ngth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED DATE BIRTH 9. AGE (In ye Il linder 24 Hours last birthday) Months; Days Hours: Min. WIDOWED, DIVORGED (Specify) -1884 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country, 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES: (Yes, no or nathown) (If yes, give war on dates of service) SOCIAL ADDRESS (Yes, no or nnknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Kriswe Cardio Vancular Dis. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICA YES 21c. WHERE DID 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from. ., 19 ...., that I last saw the 5/20/5/ 19 \_\_ and that death occurred at 8:30 m., from the causes and on the date stated above. deceased alive on\_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED M. D. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMAMORY OCATION (City, town, or county S. FUNERAL DIRECTOR

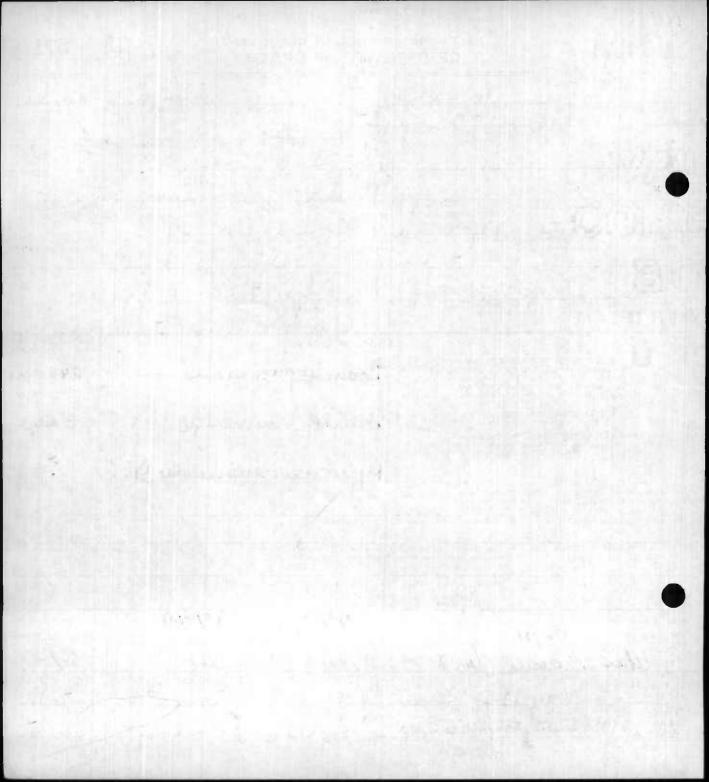
ADDRESS

VS 150

DATE RECEIVED BY

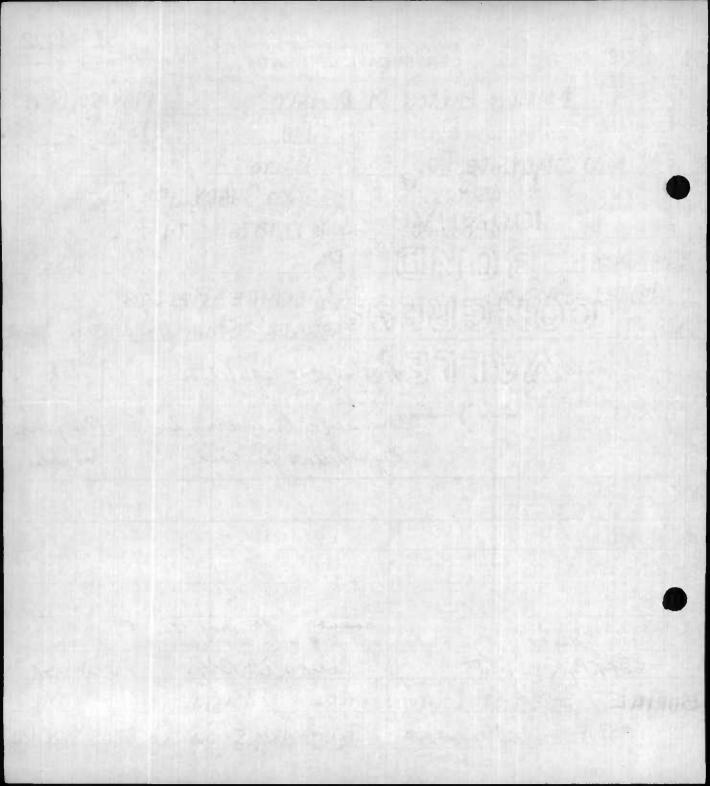
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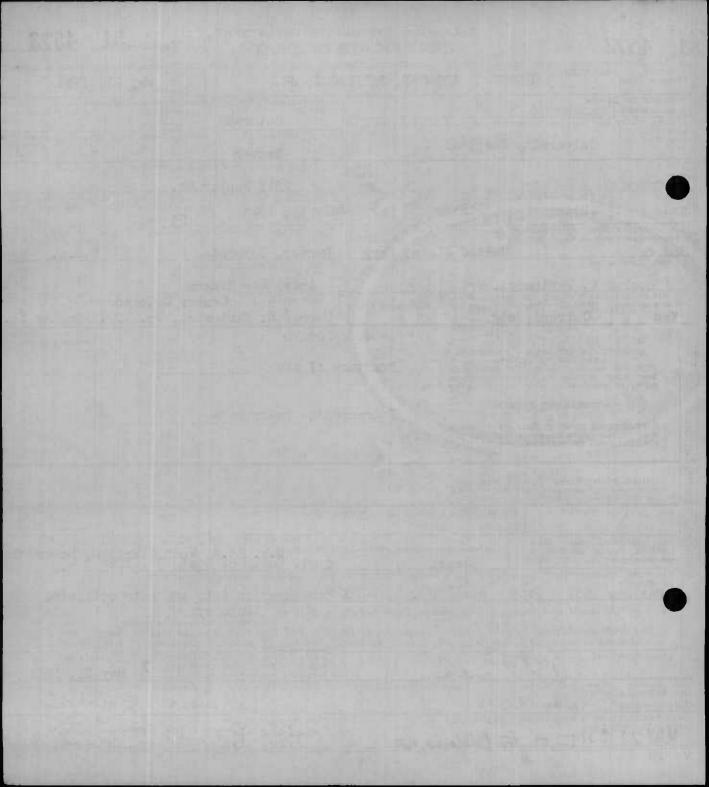


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Registered	No		

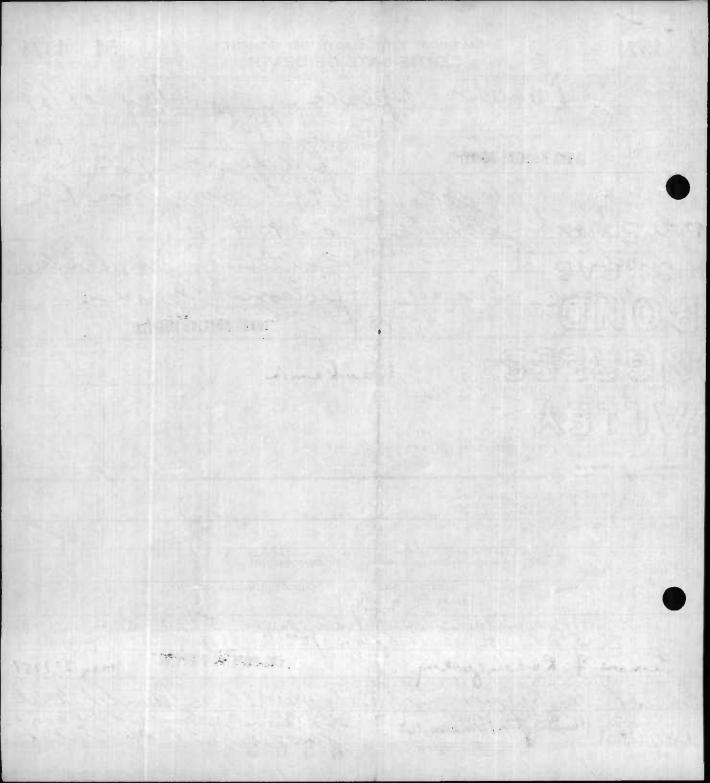
BIRTH NO.			
1. NAME OF DECEASED MARION PAXSON MC			
s. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or location)			
1600 SHADYSIDE RD.	C. CITY ON TOWN (IT butside told and give township)		
Yrs.	D. STREET ADDRESS (If rural, give location)		
c. Length of stay in Baltimore 45 \RS. Mos. Days	1600 SHADY SIDE RD.		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year II Under 24 Hours last birthday) Months; Days Hours Min.		
T W WIDOWED	JUNE 17, 1876 74		
10A, USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?		
HUVSEWIFE 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
MAGEC PAXSON			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	ADELAIDE BETSON  17. INFORMANT  ADDRESS		
Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	BARRARA MCDONALD JOHNSON SAME		
18. 4 70.   CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	cordial infaction 1 wh.		
injury or complication which caused death.) DUE TO	在2000 B 100		
ANTECEDENT CAUSES Coron	any acteriorcleronin Zeo gear.		
DISEASES OR CONDITIONS, IF ANY, GIVING			
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO MUNICIPAL STATE OF THE DUE TO THE DUE T			
OTHER SIGNIFICANT CONDITIONS CON.			
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER			
21a. ACCIDENT WAS UNDER:   218. PLACE OF INJURY (e.g.,	in or 21c. WHERE DID (If in Baltimore City, give exact location)		
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,			
D. TIME (Month) (Day) (Year) (Hour)   21E, INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?		
MHILE AT NOT WHILE AT WORK AT WORK			
	1940, to May 19, 1957, that I last saw the		
deceased alive on Man 19 , 195/, and that death occu	rred at 9 Am., from the causes and on the date stated above.		
That Is all the	236. ADDRESS 23C. DATE SIGNED		
244 BURIAL CREMA- 248 DATE / 24C NAME OF CEMETE	200100000000000000000000000000000000000		
SUPIALS 5-73-1951 LOUDON F	PARK BALTO. MD.		
DATE RECLIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS		
MAY 27 1357 to the Allians Ma	HIWEJENKINS & JONS CO. 4905 YORK RD		
VS 150	0.10		
Section of the second	94a		



BALTIMORE CITY HEALTH DEPARTMENT Registered No. 4573 CERTIFICATE OF DEATH 2. DATE May 21, 1951 NAME OF DECEASED (Type or Print) GEORGE ANTHONY FARINACCI, JR. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF f not in hospital or institution, give street address or Colorado HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION University Hospital Denver Yrs. D. STREET ADDRESS (If rural, give location) ength of stay in Baltimore Days 2815 Poplar St. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Beder 1 Year | If Under 24 Hours WSTOWED DIVORCED (Specify) July 11, 1925 last birthday) Months Days Hours Min. White Male 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? U.S.A. United States Navy Denver, Colorado 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George A. Farinacci, Sr. Audre Lee Nickon 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Denver ColoradoDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Current duty George A. Farinacci, Sr., 2815 Poplar St. Yes INTERVAL BETWEEN CAUSE OF DEATH ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Fracture of skull (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES Intracranial hemorrhage RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. П Ū 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 218, PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS INJURY 1908 Rt. #1 West Elkridge, Howard Co mi. South of State Rt. 102 6300 about home, farm, factory, street, office bldg., etc.) UNDERLYING OR CONTRIB-Street 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED May 19. AT WORK X Passenger in auto and auto collision 2. I certify that I took charge of the remains described above, held an Autorsv thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident A, suicide [], homicide [], undetermined []. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TLON, REMOVAL (Specify) 24c, NAME of CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) Removal May 22,1951 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR VS 151



. 1	50		
1	4574 BALTIMORE CITY I	HEALTH DEPARTMENT	54 1571
B	RTH NO. CERTIFICA	TE OF DEATH	Registered No. 1 4574
1.	NAME OF DECEASED And Ind	10.00	DATE Man 2019-1
	PLACE OF DEATH: Baltimore City, Maryland		dcceased ived If institution: residence  B. COUNTY before admission)
	FULL NAME OF (If not in hospital or institution, give street address location)		
11	STITUTION JOHNS ROPKINS 16877711,	Dallegro	corporate limit, write RURAL and give towns mi)
C.	ngth of stay in Baltimore 6 Mos. Mos Day	12411-8 loan	give location)
5. M	SEX STOLER OR RICE 7. SNELL MARRIED, WILDSHED, DIVORCED (Speci	8. DATE OF BIRTH , 9.	AGE In years If Under 1 Year If Under 24 Hours ast by thday) Months Days Hours Min.
1C wor	A. USUAL OCCUPATION (Givekindof 10B. KIND OF JUSINESS OR done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign	
	none	Baltimore	md. lusti.
10	FAMER'S NAME	14 NOTHER'S MAIDEN NAME	In a see
15 (Va	. WAS DECEMSED EVER IN U. S. ARMED FORGES? 16 SCIAL s, the unknown) (If yes, give war or dates of sergice) SCURITY NO.	A. INFORMANT	ADDRESS
(10	M. The second of dates of services   Marie	CHAS MOPEL	IS HOSPITAL
		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ul ania	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		***************************************
	ANTECEDENT CAUSES		
NO	DISEASES OR CONDITIONS, IF ANY, GIVING	***************************************	***************************************
ERTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
FIC	(C)	······································	
RTI	OTHER SIGNIFICANT CONDITIONS CON-		
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
AL	19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPE	ERATION	YES NO
EDICAL	21a. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, at reet, office bidge CAUSE OF DEATH	, in or 21c. WHERE DID (If in ) INJURY OCCUR?	Paltimore City, give exact location)
Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCC	CUR?
	m. WHILE AT NOT WHILE AT WORK AT WORK		
	22. I hereby certify that I attended the deceased from 3	/ 22 -71951, to 3/	20, 1957, that I last saw the
	deceased alive on 5/20, 195/, and that death occ	urred at 10 m., from the fa	uses and on the date stated above.
	Temors F. Rosenzweig M.D.	PARTITION SINCE TO THE TE	Smill 23c. Date signed
710	A. BURIAL, CREMA 236. DATE 24C. NAM OF CEMET	ERY OR CREMATORY 240 DOCAT	ION (City town, or county) (State)
	TE RECEIVED BY DECKERAR & SIGNATURE	Wary Conse	Mundel W. M.
	AV 2 1 1 2 5 1	Halland !	a still a
=1¥	VS 150	1 5 6 Drue	y - rus une.
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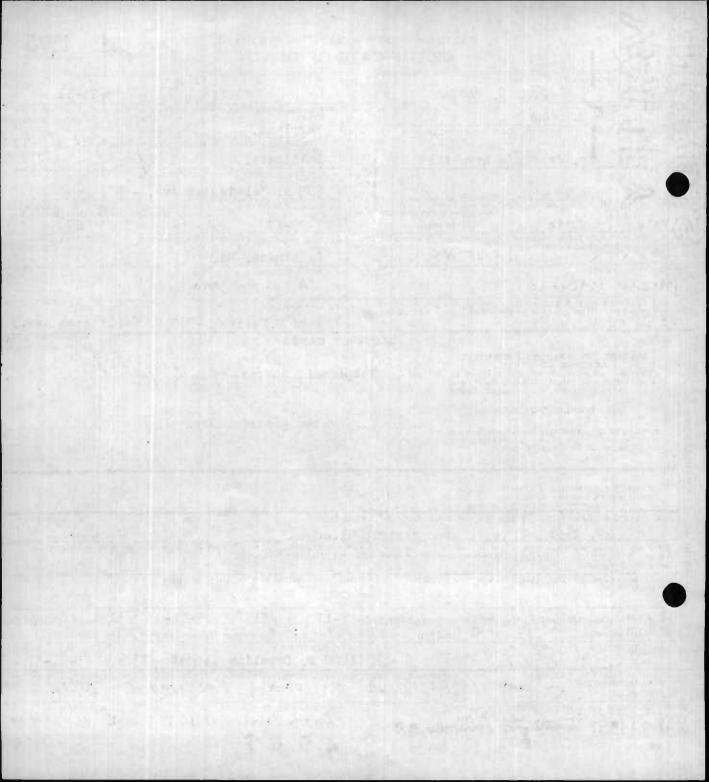


2 40 1 4575

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4575

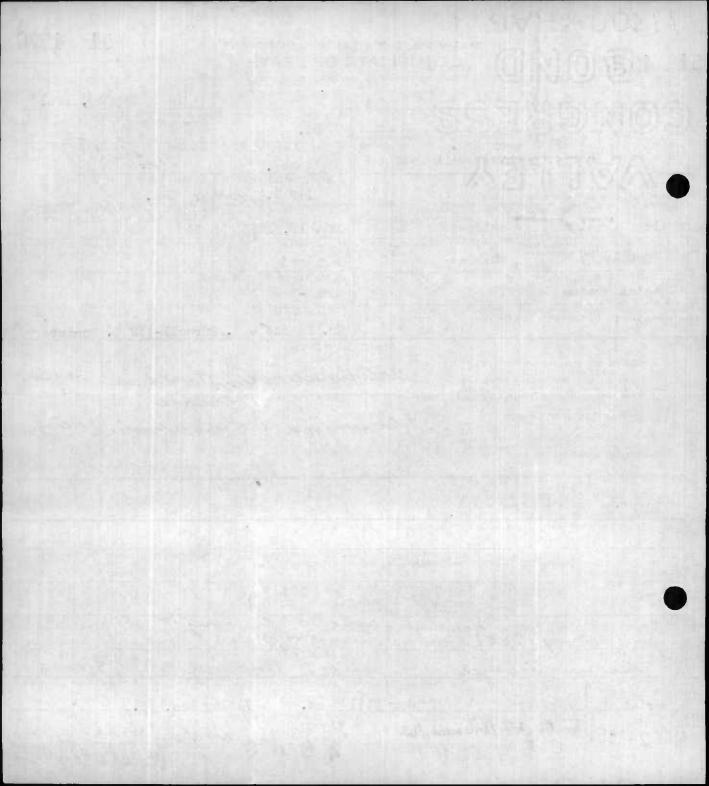
BIRTH NO.		OLIVIN TOATI	E OF BEATH		
1. NAME OF DECEASED (Type or Print)				2. DATE	
JOHN	W. VAC	HAL		OF DEATH	5-21-51
a. Baltimore City, Maryland			4. USUAL RESIDENCE (W	Where deceased lived, In B. COUNTY	f institution : residence before admission)
B. FULL NAME OF (If not in hosp	tal or institut	ion, give street address or	Maryland.		berote duministron)
HOSPITAL OR INSTITUTION		location)	C. CITY OR TOWN (If	outside corperate limi	te, write RURAL and give
St. Jeseph	ital	Baltimore,	1	township)	
		Yrs.	D. STREET ADDRESS (If	rural, give location)	
ength of stay in Baltimore		Mos. Days	905 N. Colling	ton Ave 5	
5. SEX 6. COLOR OR RACE	E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	Il Under 1 Year onths: Days Hours: Min.	
Male White Widewed			1-29-87	64	3 22 Hours Min.
10A. USUAL OCCUPATION (Give kind of work danse during most of working life, even if retired	1 10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
TINNER	ROOFI	N 6	Baltimore, Md.		WHAT COUNTRY?
13. FATHER'S NAME		Corut.	14. MOTHER'S MAIDEN NA	AME	
VACLAY VACHAL			BARBARA JI	ANDA	
15. WAS DECEASED EVER IN U. S. ARME	D FORCES?	16. SOCIAL			
(100, no or naknown) (II yes, give war or dat	es of service)	SECURITY NO.	17. INFORMANT		ADDRESS
1 2 2		I NO	Edward C.Pelisek	-905 N. 001	
18. 540.1		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION LEADING TO DEA				0 . 1	
(This does not mean the mode	of dying, e.g	Subr	hrenic abscess+9	and I lenter	1
heart failure, asthenia, etc. It me injury or complication which	ans the diseas	e, .) DUE TO	1		
		., 502 10	V		
ANTECEDENT CAU	SES	Donf	Compted mosture		
DISEASES OR CONDITIONS.	IF ANY, GIVIN	iG .	Corated gastric ul	.cer	*************************************
RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION L	STATING TH	E DUE TO			
0		(C)	***************************************	***************************************	
DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A. UNDERLYING CONDITION L. UNDERLYING CONDITION L. UNDERLYING TO THE DEATH, BUT TRIBUTING TO THE DEATH, BUT					
OTHER SIGNIFICANT COND					
TRIBUTING TO THE DEATH, BUT				44	
194 DATE OF OPERATION . I	198. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
May 19, 1951  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING	Perfora	ated gastric u	lcer		YES NO
214. ACCIDENT WAS UNDER.		CE OF INJURY (e. g., in		f in Baltimore City,	give exact location)
	about name,	arm, factory, street, office bldg., e	(c.) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year	(Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
FINJURY	3	WHILE AT NOT WHILE			
	m.	WORK AT WORK L			
22. I hereby certify that I at	tended the	deceased from	5-17 , 1951 , to	5-21- , 19.5	1, that I last saw the
deceased alive on 5-21-	_, 19_51		red at 1:50am., from th	ic causes and on t	he date stated above.
23A. SIGNATURE	7		3B. ADDRESS		23c. DATE SIGNED
Turn A. Kerla			400 N. Careline S		5-21-51
24A. BURIAL, CREMA- TION, REMOVAL (Specify) BURIAL		BALTIMORE		FLTIMORE	(State)
DATE RECEIVED BY REGISTRAR	'S SIGNATU		25. FUNERAL DIRECTOR		ADDRESS
MAY 2 1 1951	际从此	COM ALE	FRANK CVACH	SUN 9001	Y, CHESTER ST
VS 150	-	STATE STATE OF THE	15 6 7		
7	"是这名学	5 9	1724		1170
					117a



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т		51	4576
	Registered :	No	

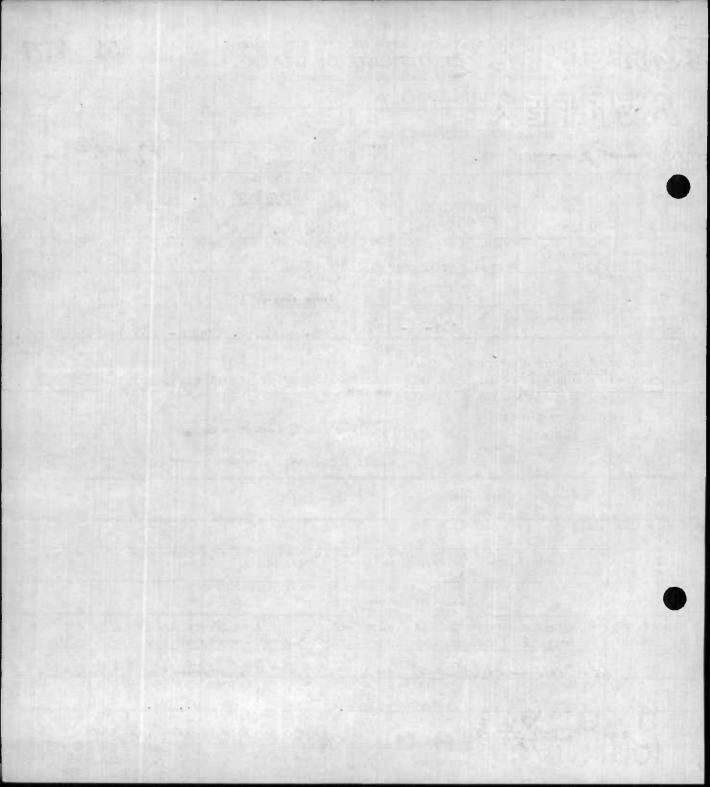
51 ATH N 1576	CERTIFICA	TE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print)	RUTH R. OLIFF	2. DATE OF DEATH May 19, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospit HOSPITAL OR 1915 BE INSTITUTION Harford Co	al or institution, give street address each Ave. location onvalescent Home	c. CITY OR TOWN (If outside corporate limits, write RUBAL and give township)
c. Length of stay in Baltimore	Yr. Mo Da	112 C Managhama A
female   6.COLOR OR RACE   white	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Spec WIDOWED	8. DATE OF BIRTH Oct. 10, 1866  9. AGE (In years last birthday) Nonths: Days Hours Min. 84
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Moses Greene		14. MOTHER'S MAIDEN NAME Anna -
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no or unknown) (1f yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS Mr. Theodore H. Purcell-112 S. Monastery
LEADING TO DEA.  (This does not mean the mode of heart failure, asthenia, etc. It means in jury or complication which of the complication which is complicated with the complication which is complicated with the complication which of the complication which is complicated with the complication which is complicated	STATING THE OUE TO  (C)  (TIONS CON-  NOT RELATED	Discourse 10 yr.
	9B. MAJOR FINDINGS OF OF	ERATION 20. AUTOPSY? YES NO 20.
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. about home, farm, factory, street, office blo	
D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCUP  MHILE AT NOT WHI  WORK AT WOR	
22. I hereby certify that I att deceased alive on 23A. SIGNATURE	tended the deceased from 3, 1951, and that death occ	urred at 545 m.; from the causes and on the date stated above.  23B. ADDRESS  428 Harved Rd. 5/vo/5/
24A. BURIAL, CREMA 24B. DATE TION, REMOVAL (Specify)	24C. NAME OF CEME	TERY OR CREMATORY 240. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR MAY 2 1 1351	Poplar Hi	25 FUNERAL DIRECTION ADDRESS  White Address  Address



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1 BIRTH	4!	57	7

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1 45777

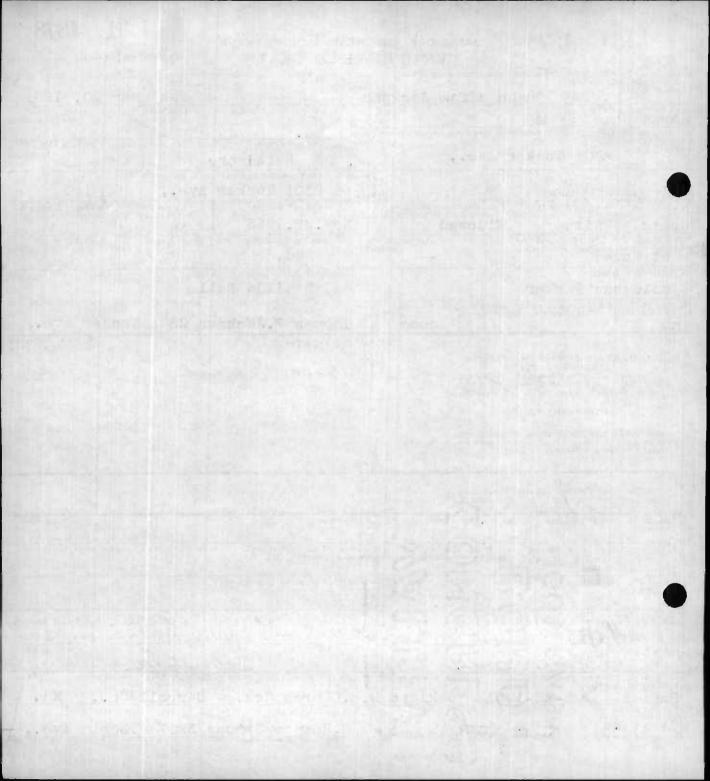
BIRTH NO.	CERTIFICATI	OF DEATH	8		
1. NAME OF DECEASED (Type or Print)	EDWIN G. SKEEN		2. DATE OF DEATH	May 20, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (WA. STATE		. If institution : residence	
B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION 2702 Maryland	al or institution, give street address or location)	c. CITY OR TOWN (If Baltimore	14	mits, we teleVRAL and give township)	
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If 2702 Maryland A	ve.		
5. SEX 6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIYORCED (Specify) MARTIED	June 30, 1885	65	Months Days Hours Min.	
10A. USUAL OCCUPATION (Givekind of rork done during most of working life, even if retired)  Steel worker	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?		
Edwin M. Skeen	works (M)	14. MÖTHER'S MAIDEN NA Anna Gosnell	ME		
15. WAS DECEASED EVER IN U.S. ARMEI (Yes, no or unknown) (If yes, give war or date no	o FORCES? 16. SOCIAL SECURITY NO. 212=01=0270	17. INFORMANT Mrs. Edwin G. S	keen - 270	2 Maryland Ave	
LEADING TO DEA'  (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which of the complex of the comp	eaused death.) DUE TO	is & cluste	6	4,72	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AU					
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		f in Baltimore Cit	y, give exact location)	
D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		OCCUR?		
22. I hereby certify that I attended the deceased from					
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 5/23/5	24c. NAME OF CEMETE	7	OCATION (City, to	own, or eount) (State)	
	SSIGNATURE	25 FUNERAL DIRECTOR	bener to	ADDRESS	
VS 150	market from 69	03A	937	, ballo Ma	



#### BALTIMORE CITY HEALTH DEPARTMENT

51 4578

BIRTH NO.			CERTIFICAT	E OF DEATH	Register	ed No.
1. NAME OF (Type or Print)					2. DATE	
(Type or Frint)	Suss	an Eff	ie Jackson		OF DEATH 1	May 20, 1951
	City, Maryland		RE BIDHE	4. USUAL RESIDENCE	E (Where deceased live B. COUNT	ed. If institution : residence Y before admission)
B. FULL NAME		al or instituti	on, give street address or location)	Md.	.76	
INSTITUTION	2301 Tucker	r Ave.		c. CITY OR TOWN Baltim		limits, write RURAL and give township)
		Little in	Yrs.	D. STREET ADDRESS	(If rural, give location	n)
	stay in Baltimore		Mos. Days	2301 Tuck		
s. sex	6. COLOR OR RACE	7. SINGLE WIDOW Widow	MARRIED. ED, DIVORCED (Specify) 合d	Nov.22,1865		rs If Under I Year II Under 24 Hours ) Months Days Hours Min.
10A. USUAL O	CCUPATION (Give kind of tof working life, even if retired)			11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S						
	bus Parker			14. MOTHER'S MAIDE Matilda		
15. WAS DECEAS	SED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no			none	Thomas P.Jac	kson 2301	Tucker Ave.,
1B. //	43 X 1		CAUSE	OF DEATH		INTERVAL BETWEEN
(This dot heart fail injury of the heart fail	LEADING TO DEAT es not mean the mode o lure, asthenia, etc. It mean r complication which c  ANTECEDENT CAUS ES OR CONDITIONS, IF THE ABOVE CAUSE (A) LYING CONDITION LA  SIGNIFICANT CONDITION IS TO THE DEATH, BUT	f H f dying, e. g ns the disease aused death.  ES  ANY, GIVIN. STATING TH ST.	(B)	Aral hun	C.V Direc	un soya
O TO THE	DISEASE OR CONDITION	CAUSING IT				
I 19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCI	DENT WAS UNDER- OR CONTRIBUTING		CE OF INJURY (e. g., i		(If in Baltimore C	ity, give exact location)
	(Month) (Day) (Year)	(Hour)   2	TE. INJURY OCCURR	ED 21F. HOW DID INJ	JURY OCCUR?	
YAULNI		m. W	HILE AT NOT WHILE			
22. I here	by certify that Latt	ended the	deceased from	upril, 1957, to	neary	1957, that I last saw the
						on the date stated above.
23A SIGNA	ATURE		/ 2			23c. DATE SIGNED
1 (1.	(illan !	Jun	M. D. /	1340.12	Mudere	- 71 KearsT
24A. BURIAL. TION, REMOVAL (		2	4c. NAME OF CEMETE	RY OR CREMATORY 24	D. LOCATION (City,	town, or county) (State)
Burial	5-22-1	951	Oakland M. E	. Church Cem.	Carroll	Co. Md.
DATE RECEIVE	ED BY   REGISTRAR'S			25. FUNERAL DIRECT		ADDRESS
MAY 211	951 1	1	Winds No o	G. Howard Str	ong 3207 W	. North Ave.,
VS 150	"Nov.	S	R Sylpholyspoortunishin			930



11 4	+25						
5	457	9	BAI	TIMORE CITY HE	ALTH DEPARTMENT	1	1 4520
P	IRTH NO.			CERTIFICATI	E OF DEATH	Registered P	1 4579
1	NAME OF DE	ECEASED				2. DATE	
('	Type or Print)	WALTE	R M	ELCON		OF DEATH 5 - 3	10-1951
	. PLACE OF DE	EATH:			4. USUAL RESIDENCE ()	Where deceased lived. If	institution : residence
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or						B. COUNTY	, before admission)
HOSPITAL OR location)							s, write RURAL and give
3	8 (	NIVERSITY	1 1+0-	PITAL	Sah15Bua	V	township)
				Yrs. Mos.	D. STREET ADDRESS (If		Malh
_ c		tay in Baltimore		Days	310 416		1212
5	SEX	6. COLOR OR RACE		E, MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) If last birthday) Mo	under I Year   If Under 24 Hours nths: Days Hours Min.
	MALE	white		vied	Feb. 12, 1889	62	
	k done during most of	CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	painte		paint		Maryland		
13. FATHER'S NAME			CONST	14. MOTHER'S MAIDEN N			
	John Ne				Carolyn Blessing		
(Y	es, no or nuknown)	D EVER IN U. S. ARMED (If yes, give war or dated	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
-					Hill & Johnso	n Co. Salisbu	rry, Md.
	18. 157	7 ×		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION LEADING TO DEAT					
	(This does	not mean the mode ore, asthenia, etc. It mea	f dying, e. s	(A) COrc	inoma of Pa	ncrtos	Juryks
	injury or	complication which c	aused death	DUE TO			
i		ANTECEDENT CAUS	ES	0	1 1 1 0 000	h / /	14
Z	DISFASES	OR CONDITIONS II	FANY CIVIN	(B) (A C M C	ralized ABHOMI	NAL ME10, +6	ses / wells
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				1			
S				(C)/ W. C.	Las philabitis, c	e c c ed	Tweeks
RTIFICATION		11					
ER		IGNIFICANT CONDI					
Ü	TO THE DI	SEASE OR CONDITION	CAUSING I	т			
A L	A	RIL 195	-	FINDINGS OF OPER		phenous Vein	20. AUTOPSY?
1	1 1	1/40,195	INV	8 10 - 10 0 - 1 10/ V	4 1 14 TO 17 200	MICKEY! DEUL	YES NO

(If in Baltimore City, give exact location)

a.m., from the causes and on the date stated above.

23C. DATE SIGNED

(State)

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21c. WHERE DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) NOT WHILE WHILE AT WORK AT WORK

248. DATE

22. I hereby certify that I attended the deceased from 5/ 6

deceased alive on 5/20/51, 19 and that death occurred at 6

23B. ADDRESS 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

ADDRESS

, 195/, that I last saw the

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial DATE RECEIVED BY

LOCAL REGISTRAR

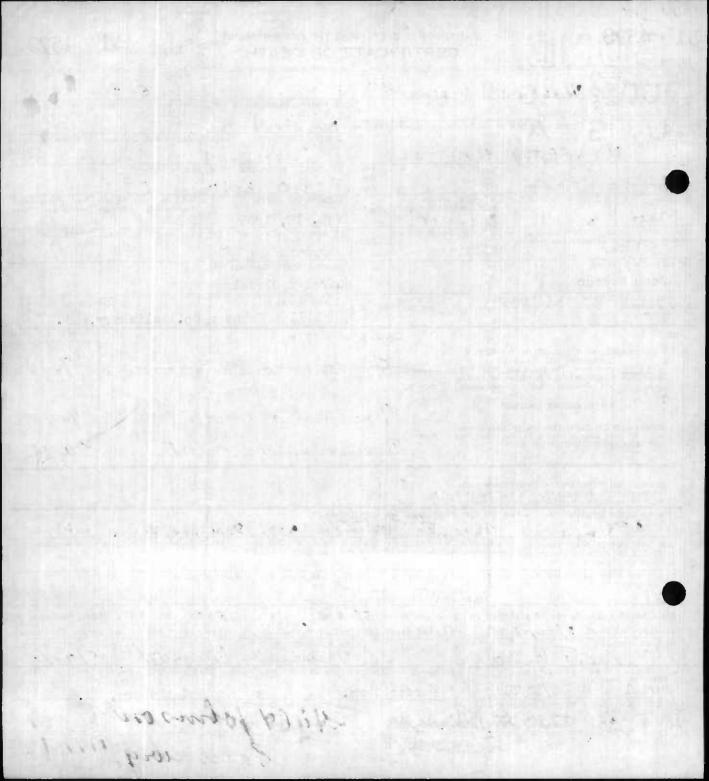
23A. SIGNATURE

MEDIC

Parson C em.

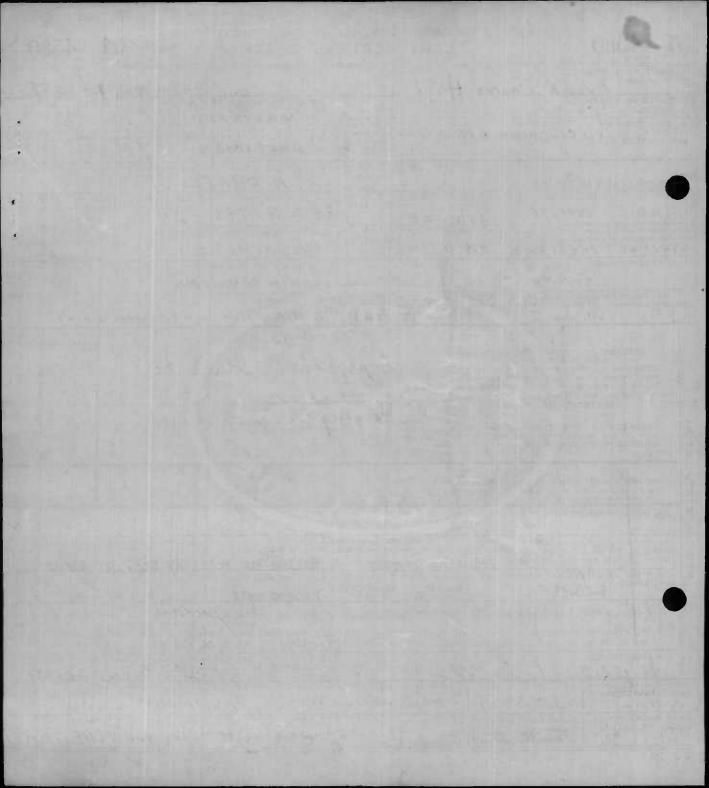
25. FUNERAL DIRECTOR

VS 150



# CERTIFICATE OF DEATH Registered 1580

BIRTH NO.						
(T	NAME OF D ype or Print)	Frank Ja	mes H	ei/	2. DATE OF DEATH MAY P	9 1957
Α.		City, Maryland		J	A. STATE MARYLAND B. COUNTY	tion: residence before admission)
B. FULL NAME OF "I not in hospital or institution, give street address or HOSPITAL OR MD. COLURING PRINTING—location) INSTITUTION					C. CITY OR TOWN (If outside corporate limits, wri	township)
	ength of s	tay in Baltimore		d 7 Yrs. Mos- Days	809 N. CHAPEL ST	
-	MALE	6.COLOR OR RACE WHITE		MARRIED. D, DIVORCED (Specify)	8. DATE OF BIRTH 29 OCT. 1923 9. AGE (In years list birthday) Months 27	
10A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR work done during most of working life, even if retired)  CYLINDER PRESSMAN  PRIMTING						CITIZEN OF WHAT COUNTRY?
	FATHER'S				14. MOTHER'S MAIDEN NAME	J. 31A
		FRANK	-	4	SOPIHIA MUCHNA	
15 (Ye	WAS DECEASE , no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	es of service)	16. SOCIAL SECURITY NO. 216-14-3163	FRANK HEJL SUGN. CHAPE	
	18.	9748.		CAUSE	OF DEATH	NTERVAL BETWEEN
	DISEAS	SE OR CONDITION		1		ONSET AND CEATH
	(This does	LEADING TO DEA s not mean the mode	of dying, e. g.,	(A) ASPH	yxiation due to	
		re, asthenia, etc. It mes complication which				
		ANTECEDENT CAUS	SES	Ц.		
Z DISEASES OR CONDITIONS, IF ANY, GIVING						
DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATEO						
S				(C)		
		II SIGNIFICANT COND			ME AND	
ER		TO THE OEATH, BUT				1
U	19A. DATE C	F OPERATION 1	98. MAJOR	INDINGS OF OPER	ATION	20. AUTOPSY?
CAL	21A. EXTERN	VAL CAUSE WAS				VEC NO NO
۵	UTING CAUSE OF DEATH. Printing Company Hillen and Holliday Sts. 3rd floor					
M						
ľ		(Month) (Day) (Year)	Print:	ing Company	Hillen and Holliday Sts. 3rd	exact location)
K	210. TIME (OF INJURY	CAUSE OF DEATH. (Month) (Day) (Year) 5-20-51	Print: (Hour) 2:	Ing Company  IE. INJURY OCCURRING HILE AT X NOT WHILE AT WORK	Hillen and Holliday Sts. 3rd  21F. HOW DID INJURY OCCUR?  Hanged self  bove, held an	exact location)
K	210. TIME (OF INJURY)  22. I certij	(Month) (Day) (Year)  5-20-51  fy that I took chardidence obtained by	Prints (Hour) 2: m. wh rye of the r said Autop	ing Company  IE. INJURY OCCURRING AT WORK  emains described at sy, Inspection or I	Hillen and Holliday Sts. 3rd 21f. How DID INJURY OCCUR?  Hanged self	floor  creon and from my stated above,
	210. TIME (OF INJURY)  22. I certij	(Month) (Day) (Year)  5-20-51  fy that I took char idence obtained by ath in my opinion	Prints (Hour) 2: m. wh rye of the r said Autop	Ing Company IE. INJURY OCCURRING AT WORK  emains described a sy, Inspection or I om: natural causes	Hillen and Holliday Sts. 3rd  21f. HOW DID INJURY OCCUR?  Hanged self  bove, held an Autops, Inspection or Inquiry, and that said deceased died on the decea	floor  creon and from my stated above,
	210. TIME OF INJURY  22. I certipo the evident de de 23A. SIGNAT	Month) (Day) (Year)  5-20-51  fy that I took char idence obtained by ath in my opinion  TURE  CREMA: 24B. DATE	Print:  (Hour) 2:  m. we me with the resulted from resulte	Ing Company  THE AT WORK AT WORK  THE AT WORK AT WORK  THE AT WORK  TH	Hillen and Holliday Sts. 3rd  21f. How DID INJURY OCCUR?  Hanged self  bove, held an Autopse Inspection or Inquiry  nquiry, find that said deceased died on the do  accident , suicide , homicide , undet  23B. CHIEF MEDICAL EXAMINER	floor  creon and from  ty stated above, ermined  ATE SIGNED  20/957 unty) (State)
TIC	210. TIME OF INJURY  22. I certipolities the evident decoration of the	Month) (Day) (Year)  5-20-51  fy that I took chan idence obtained by ath in my opinion  TURE  CREMA- 24B. DATE GREMA- 24B. DATE  Queeify)  23 MA	Print: (Hour)	Ing Company IE. INJURY OCCURRING AT WORK  emains described a sy, Inspection or I com: natural causes  MALE NAME OF CEMETE  HOLY RED.	Hillen and Holliday Sts. 3rd  21f. How DID INJURY OCCUR?  Hanged self  bove, held an Autops. Inspection or Inquiry nquiry, find that said deceased died on the de    accident   suicide   homicide   undet   238. CHIEF MEDICAL EXAMINER	received in the second of the
TIC DA	210. TIME OF INJURY  22. I certij  the evi and de  23A. SIGNAT	Month (Day) (Year)  5-20-51  fy that I took chard idence obtained by ath in my opinion  TURE  CREMA- 24B. DATE  CREMA- 24B. DATE	Print:  (Hour) 2:  m. we me with the resulted from resulte	Ing Company IE. INJURY OCCURRING AT WORK  emains described a sy, Inspection or I com: natural causes  MALE NAME OF CEMETE  HOLY RED.	Hillen and Holliday Sts. 3rd  21f. How DID INJURY OCCUR?  Hanged self  bove, held an Autops. Inspection or Inquiry nquiry, find that said deceased died on the do a coident , suicide homicide , undet assistant medical examiner.  238. CHIEF MEDICAL EXAMINER.  238. CHIEF MEDICAL EXAMINER.  ASSISTANT MEDICAL EXAMINER.  RY OR CREMATORY 240. LOCATION (City, town, or do to the control of the control	received above, ermined  20/957 unty) (State)
D/	210. TIME OF INJURY  22. I certij  the evi and de  23A. SIGNAT	Month (Day) (Year)  5-20-51  fy that I took chard idence obtained by ath in my opinion  TURE  CREMA- 24B. DATE  CREMA- 24B. DATE	Print: (Hour)	Ing Company IE. INJURY OCCURRING AT WORK  emains described a sy, Inspection or I com: natural causes  MALE NAME OF CEMETE  HOLY RED.	Hillen and Holliday Sts. 3rd  21f. How DID INJURY OCCUR?  Hanged self  bove, held an Autops. Inspection or Inquiry nquiry, find that said deceased died on the de    accident   suicide   homicide   undet   238. CHIEF MEDICAL EXAMINER	received above, ermined  20/957 unty) (State)
D/	210. TIME OF INJURY  22. I certij  the evi and de  23A. SIGNAT	Month (Day) (Year)  5-20-51  fy that I took chard idence obtained by ath in my opinion  TURE  CREMA- 24B. DATE  CREMA- 24B. DATE	Print: (Hour)	Ing Company IE. INJURY OCCURRING AT WORK  emains described a sy, Inspection or I com: natural causes  MALE NAME OF CEMETE  HOLY RED.	Hillen and Holliday Sts. 3rd  21f. How DID INJURY OCCUR?  Hanged self  bove, held an Autops. Inspection or Inquiry nquiry, find that said deceased died on the do a coident , suicide homicide , undet assistant medical examiner.  238. CHIEF MEDICAL EXAMINER.  238. CHIEF MEDICAL EXAMINER.  ASSISTANT MEDICAL EXAMINER.  RY OR CREMATORY 240. LOCATION (City, town, or do to the control of the control	received above, ermined  20/957 unty) (State)



### BALTIMORE CITY HEALTH DEPARTMENT

51 4581

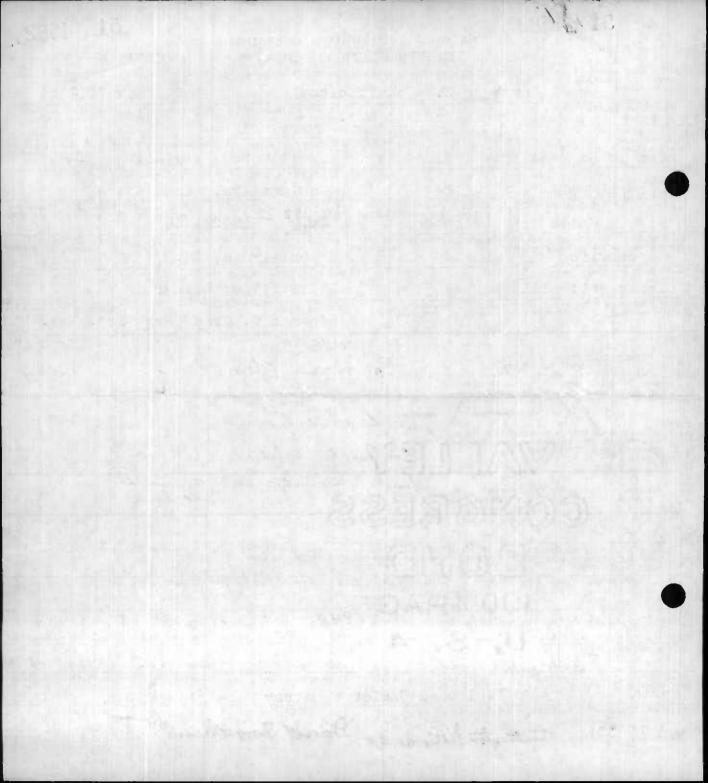
D J	IRTH NO.			CERTIFIC	ATE	OF DEATH	Registered	No:	-
1.	NAME OF D		1			2	2. DATE_		
(T	'ype or Print)	m	agdi	alena	4	durlase	DEATH MA	4 18.195	1
	PLACE OF E		D ALL	0 1		4. USUAL RESIDENCE	(Where deceased lived, If	institution residence	
В.	FULL NAME		italyr institutio	n, give street add	PAG ress of	ma	B. COUNTY	before edmissio	m,
	OSPITAL OR	John Bride	TO MAGRAMA	loc	ation)	C. CITY OR TOWN	(If outside corporate limit		
	3.3	AMENIO MALFI	NO MADELLE			Pal	house	townshi	11)
				59	Yrs. Mos.	D. STREET ADDRESS (	If rural, give location)	0	
	Length of s	tay in Baltimore	- 1		Days	2626	C. LT 071	man St	
Ti	) A	6.COLOR OR RACE		D, DIVORCED (	Specify)	8. DATE OF BIRTH	9. AGE (in years) last birthday) Mo	onths Days Hours Mi	Ufs 11.
10	ente	CUPATION (Give kinds		rile	-	11-10-188	4 68		
WOF	k done during most	of working life, even if retired	108, KIND (	OF BUSINESS (	STRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTR	Y
16	FATHER'S	service					any		
Inc	The	VAINE				14. MOTHER'S MAIDEN		2	
15	WAS DECEAS	nge n	race	N .		hat kmo	un		
(Ye	e, no or unknown)	ED EVEL IN U.S. ARMI	tes of service)	16. SOCIAL SECURITY	NO.	17. INFORMANT	A	DDRESS	
_	40 0			Mo			OPKINS HOSPITLI		-
	18.	82.9		CAL	JSE O	F DEATH	A	ONSET AND DEAT	EN
		SE OR CONDITION	ATH	Par		000	1.	1660	
	(This does heart failt	not mean the mode are, asthenia, etc. It me	of dying, e.g.,	(A)	s by	ern Circu	1200	[670]	
	injury or	complication which	caused death.)	DUE TO		Collapse			
		ANTECEDENT CAU	SES	1.	0	A			
Z	DISEASE	S OR CONDITIONS,	IF ANY, GIVING	(B)(B)	MAKE.	exer minex	<u> </u>		
OIL	RISE TO T	HE ABOVE CAUSE (A	) STATING THE	DUE TO					
CA				(C)		•••••••••••••••••••••••••			
HIF		[]		01 1					
ERT		IGNIFICANT CONE			mt	you of con	num, Dile		
CE	TO THE D	ISEASE OR CONDITIO	N CAUSING IT.	6	ليهيا	t due to	spines		
7	19A. DATE O	OF OPERATION	19B. MAJOR I	FINDINGS OF	OPERA	TION		20. AUTOPSY?	
EDICA	21A. ACCIE	ENT WAS UNDER-	218 PLAC	E OF INJURY	(a g in	or   21c. WHERE DID	(If in Baltimore City,	YES NO	
ED		R CONTRIBUTING	about home, far	m, factory, street, offic			(11 iii Danimore Civy, a	give exact location;	
Σ		(Month) (Day) (Year	(Hour)   21	IE. INJURY OC	CURREI	D 21F. HOW DID INJU	BY OCCUP?		
	INJURY	( , , , , , , , , , , , , , , , , , , ,	0.53		WHILE	7	KI GGGGKI		
			nı. V	WORK AT	WORK L	10 5			
		y certify that I at				/8 - , 19 5/ to_		_{that I last saw t	
	deccased a	TURE OF STATE		4		ed at 1.20 m., from	the causes and on the		
-(		) - 4	-01	. 1		B. ADDRESS AOPT	INS ROSPITAL	23C. DATE SIGNE	D
24	AA. BURAL.	CREMA- 24B, DATE	1   24	C. MAME OF CE		Y OR CREMATORY   24D.		or county) (State	2)
TIC	BURIA		-1/ /			harden die am 1 de	ALTIMORE	4	
D	ATE RECEIVE	D BY   REGISTRAR	'S SIGNATUR			25. FUNERAL DIRECTOR		ADDRESS	-
L	MAY 2 1 1	951 Juntil	ATT MILL	WHA MAN		TRANK CVACH		HESTER ST	
=	VS 150	-	T Maini			4570			_
	40 100		1333131	The Samuel of the Art.				10/	

1000 producers for lysical 2 moments to mel ald many to the state of 3 11- W K. S. D. S. L.

## BALTIMORE CITY HEALTH DEPARTMENT

OT	4582

В	RTH NO.			CERTIFICATI	E OF DEATH	Registered .	No.		
	NAME OF D	ECEASED		***		2. DATE			
(T	'ype or Print)	Ger	trude	W. Hammers	clough		20,1951		
3.	PLACE OF D	EATH:	emnle	Gardens Apt	4. USUAL RESIDENCE (V				
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or	Maryland	B. COUNTY	before admission)		
H	OSPITAL OR			location)		outside corporate limi	its, write RURAL and give		
1	Temple	e Gardens A	pt. Ma	adison Ave.	Baltimore,		township)		
				Yrs.	D. STREET ADDRESS (If				
	ength of s	tay in Baltimore	Li	fe Mos.	Madison Ave.	&Lake Dri	ve		
5.	SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BURTH	9. AGE (In years	If Under 1 Year   If Under 24 Hours		
Fe	male	White		VED, DIVORCED (Specify)	1882 1882	last birthday) M	onths Days Hours Min.		
10	A. USUAL OC	CUPATION (Give kind of	108. KINI	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF		
worl	House	of worklog life, even if retired)		INDUSTRY	Baltimore,	Md.	WHAT COUNTRY?		
13	FATHER'S	NAME			14. MOTHER'S MAIDEN N.				
	Issac	Whitehill			????????Lopp				
15	. WAS DECEASE	ED EVER IN II S ARMEI	FORCES?	I 16. SOCIAL	17. INFORMANT		ADDRESS Phil. Pa		
(Ye	s, oo or uoknown)	(If yes, give war or date	s of service)	SECURITY NO.	Joseph J. Gr	eenhere A	rt. Tex. Bld		
	10 11	,		011100		00110016 11	INTERVAL BETWEEN		
	/ /	0 /		CAUSE	OF DEATH		ONSET AND DEATH		
	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving a g								
П	heart failure, asthonia, etc. It means the disease.								
13.	injury or	complication which c	aused death	DUE TO					
		ANTECEDENT CAUS	SES	note.			2010		
Z O	DISEASES OR CONDITIONS, IF ANY, GIVING								
F	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
CA	(cconfines a much chair fact of								
E		н							
RT		IGNIFICANT CONDI		aue w	deforms caused	rellate			
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION								
CA									
MEDIC	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., in or location)  INJURY OCCUR?  (If in Baltimore City, give exact location)								
2		21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?							
K	WHILE AT NOT WHILE								
	m.   WORK   AT WORK								
	22. I hereby certify that I attended the deceased from 1949 - , 19 , to May 20, 1967, that I last saw the								
	deceased alive on May 4, 1951, and that death occurred at Sq m., from the causes and on the date stated above 23A. SIGNATURE   23B. ADDRESS   23C. DATE SIGNED								
	7	Frederice	1 Le	-5	Temple San	len aft	man 21-51		
24	A. BURIAL.	CREMA- 248. DATE		24 NAME OF CEMETE	RY OR CREMATORY   24D. L	OCATION (City, town	n, or county) (State)		
110	Burial (S	May 22	.1951	Oheb Shalom	Cemetery Ra	ltimore, Mo	d.		
D	ATE RECEIVE	D BY   REGISTRAR			25. FUNERAL DIRECTOR	L ULIMOTE, IN	ADDRESS		
LC	ANV 991	RAP		Wire and the	P. We 71	P. 100	2 dutom 107		
-	Ve in	T. W.	3.	HARONGE MAN	Dawy Vona	Tana Tana	a utaw FIAC		
	VS 150		3	on story of the			94a		

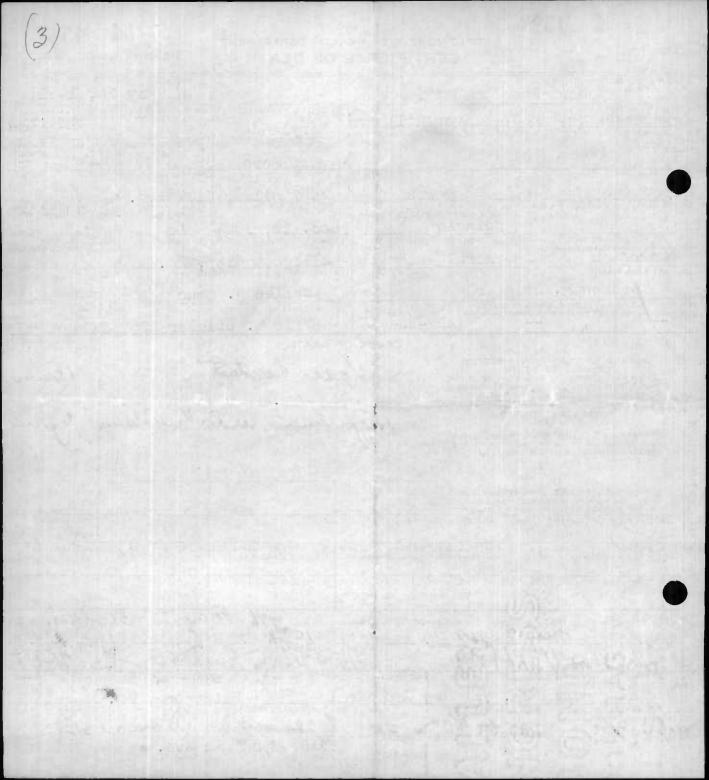


51 4583

BALTIMORE CITY HEALTH DEPARTMENT Registered No... CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH May 20, 1951 Robert Rudolph Stigler 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Marylan 2807 Silver Hill B. COUNTY before admission) STATE Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2807 Silver Hill Ave
DATE OF BIRTH

9. AGE (in years last birthday)
Months: Days ength of stay in Baltimore 22 years Days
7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH Hours Min. M Single Dec. 12, 1904 46
11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTRY Salesman General Automatic Ellicott City, Md. 13. FATHER'S NAME OIL BURNERS (N Andrew M. Stigler Nellie M. Haus 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or onknown) | (If yes, give war or dates of service) -10-444 Nellie M. Stigler 2807 Silver Hil INTERVAL BETWEEN 443 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO in ardis Vace Neuse ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 EDICAL YES 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT AT WORK WORK 1957 that I last saw the 22. I hereby certify that I attended the deceased from\_ 19 51, and that death occurred at 10 2 In., from the gluses and on the date stated above. deceased alive on. 238 ADDRES 23A/SIGNATURU 23c DATE SIGNED 24D. LACATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY Burial New Cathedral Baltimore. DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

VS 150



51 4584

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Nellie Sarbacher DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1807 McHenry St. Balltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. ngth of stay in Baltimore Life 1807 McHenry St. Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years last birthday) Months; Days Hours; Min. Female Reb. Widow 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Own Home work done during most of working life, even if retired) WHAT COUNTRY? Balto. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jerry Morgan Ella Thompson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 1807 McHenry St drs. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO extensive CU A ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 2 IF. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from Sun , 19 47, to mayer, , 19 51, that I last saw the deceased alive on may 18, 1951, and that death occurred at 5.30 pm., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23C DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24c, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Balto. Md. New Cathedral

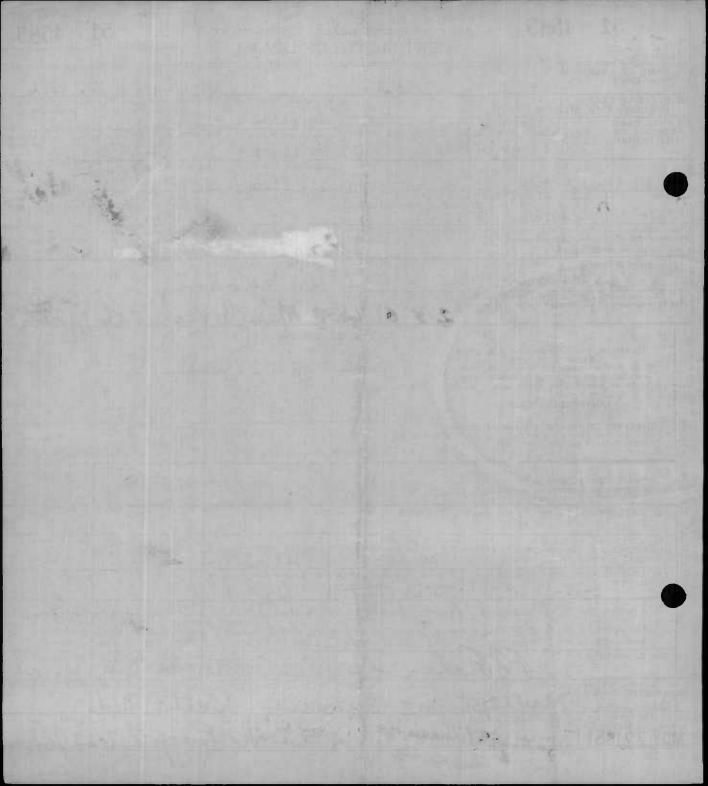
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNAT

29. FUNERAL DIRECTOR

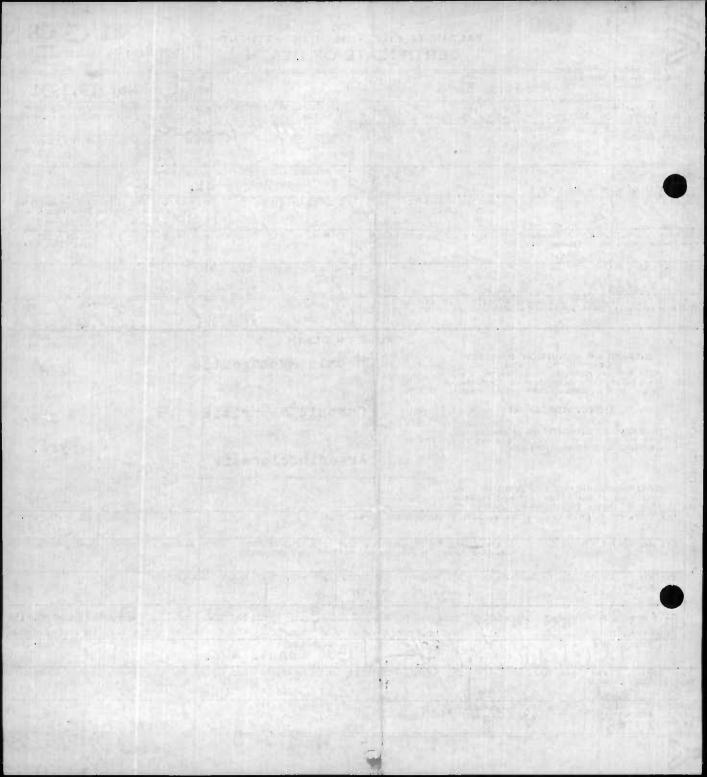
ADDRESS 4101 Edmondson Ave. . Ser . no flate the follow

51 4585 BIRTH NO.	BALTIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	Registered No.	4585
1. NAME OF DECEASED (Type or Print)	T / W T T T T T T T T		2. DATE	1051
FRANK 3. PLACE OF DEATH:	ROBINSON	4. USUAL RESIDENCE (	DEATH May 17	tution: residence
A. Baltimore City, Maryland	ingtitution mine annat address an	A. STATE	B. COUNTY	before admission
B. FULL NAME OF fnot in hospital or HOSPITAL OR BALLIMOTE (INSTITUTION	City Morgue location)	C. CITY OR TOWN (I	f outside eorporate limits, w	rite RURAL and giv
700 Fleet	Street	Baltimore	20-0	township
	Yrs. Mos.	D. STREET ADDRESS (If	f rural, give location)	
ength of stay in Baltimore	Days		ne	
Male Colored	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Larried	8. DATE OF BIRTH	last birthday) Months	l Year Munder 24 Hours Days Hours Min
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State or	foreign country)   12.	CITIZEN OF WHAT COUNTRY
- Latorer	co.,	Carlonnas	hase Miss	
13. FATHER'S NAME		14 MOTHER'S MAIDEN N	IAME	
15. WAS DECEASED EVER IN U. S. ARMED FO	RCES?   16. SOCIAL	Muknow	un.	o t
(Yes, no or unknown) (If yes, give war or dates of se	SECURITY NO	17. INFORMANT	ADDF	MA MILES
1B. F an/ Y	2/1-0/-0	OR FEFERAL V	real 126	INTERVAL BETWEE
DISEASE OR CONDITION DIR		OF DEATH		ONSET AND DEAT
LEADING TO DEATH (This does not mean the mode of dy		ot wound of he	eart.	
heart failure, asthenia, etc. It means the injury or complication which cause	ne disease,	**************************************		
ANTECEDENT CAUSES	20210			
	(B)	***************************************		
DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA	Y, GIVING TING THE OUE TO			
UNDERLYING CONDITION LAST.	(C)			
DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT				
OTHER SIGNIFICANT CONDITIO				
TO THE DISEASE OR CONDITION CAL	JSING IT			
19a. DATE OF OPERATION 19B.	MAJOR FINDINGS OF OPER	ATION		YES NO X
	18. PLACE OF INJURY (e.g., iz		If in Baltimore City, give	
21A. EXTERNAL CAUSE WAS UNDERLYING 1 OR CONTRIB.	ut home, farm, factory, street, office bldg., e HOME	517 Kirby	Lane	
Σ 21D. TIME (Month) (Day) (Year) (Hor	ur)   21E. INJURY OCCURRE			
5-17-51 6:30	m. WHILE AT NOT WHILE	x Firearms		
22. I certify that I took charge	of the remains described a	bove, held an Inspe	ction & Inqui	Eigen and from
the evidence obtained by said		Antopsy,	Inspection or Inquiry	
and death in my opinion res	ulted from: natural causes	☐, accident ☐, suicide	💹, homicide 🗌, unde	termined .
23A. SIGNATURE		238. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGAT	EXAMINER DI MOU	18,1951
24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify)	24C. NAME OF CEMETER	RY OR CREMATORY 240.1	OCATION (City, town, or c	ounty) (State)
Burial May 22	151 Mt lu	burn 1	rullo illa	
DATE RECEIVED BY LOCAL REGISTRAR'S SI	Williams, M.	25 FUNERAL DIRECTOR	Rusarlo 14	63 M. Care
V S 151	95	099	101 11	40 41

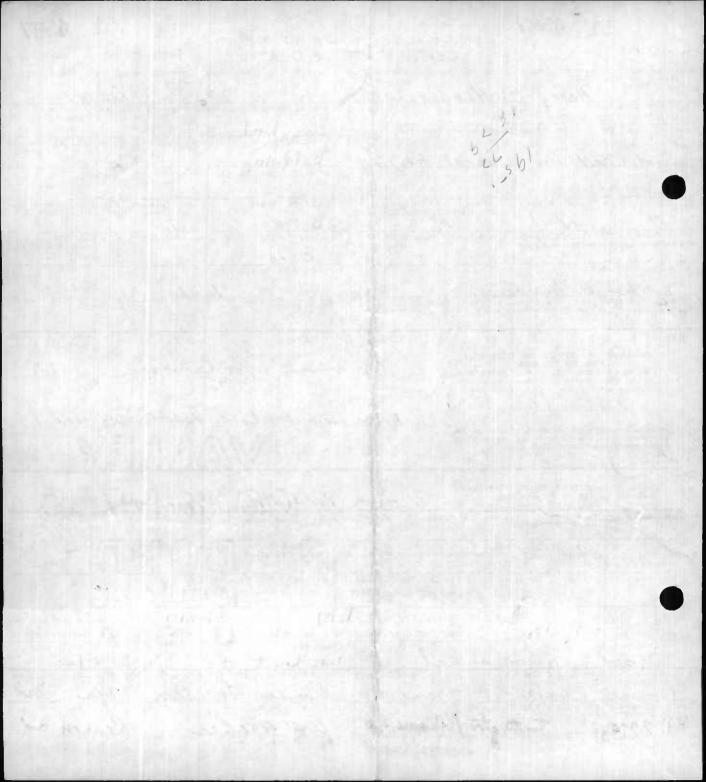


51, 4586

Registered No\_ 1. NAME OF DECEASED (Type or Print) John Reed May 19,1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address of location) B. FULL NAME OF HOSPITAL OR If outside corporate limits, write RURAL and give INSTITUTION 569 Baker St. D. STREET ADDRESS (If rural, give location) Mos. 569 Baker st. gth of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (in years) 6\_COLOR OR RAGE 8. DATE OF BIRTH last birthday) Months; Days Hours; Min. since 10A. USUAL OCCUPATION (Givekind of) 12. CITIZEN OF 10B. KIND OF/BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? riler 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO CAUSE OF DEATH 442X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Chronic Myocarditis LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, 2vrs injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Chronic Nephritis 4 yr .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 5yrs. Arteriosclerosis (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) HOMICIDE INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 1951 to May 19 Aeril 2 151 that I last saw the 22. I hereby certify that I attended the deceased from and that death occurred at 11:30 m. from the causes and on the date stated above. deceased alive on 23A. SIGNATURE Penna. Ave. 24A. BURIAL, CREMA-24D. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR

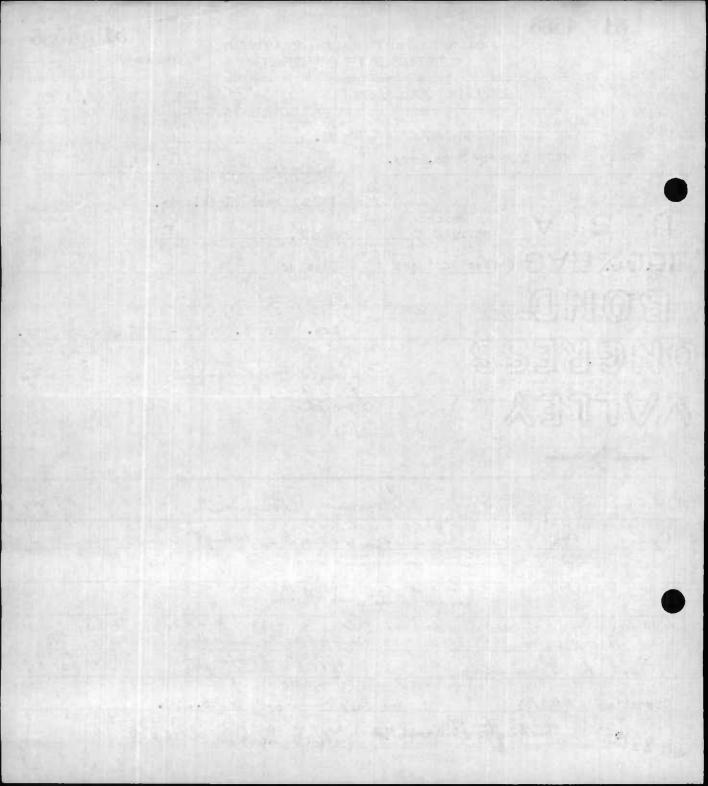


7	36		CI		E OF DEATH	Registere	d No
В	IRTH NO.	4	CI	ERTIFICAT	E OF DEATH	1 Registered	и 110-
	NAME OF I	4	. Hena	lorsan		2. DATE OF DEATH	122/21
	PLACE OF Baltimore	City, Maryland			A. STATE	NCE (Where deceased lived B. COUNTY	If institution: residence before admission)
Н	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institution.	give street address or location)	C. CITY OR TOWN	(If outside corporate li	mits, write RURAL and give
	South	Baltimore (	DENEVAL	Hospital	Baldwin		township)
d	ngth of	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRES	SS (If rural, give location)	5300
5.	SEX	6. COLOR OR RACE		ARRIED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	Months Days Hours Min.
		CCUPATION (Give kind of of working life, even if retired)		BUSINESS OR INDUSTRY	11. 8IRTHPLACE (St	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME			14. MOTHER'S MAII	DEN NAME	
	Luthe	r G. Hend	erson			Denbo	
l o	, was deceas	(If yes, give war or date	D FORCES? 16	SECURITY NO.	17. INFORMANT		ADDRESS
	18. 4	m 1 -		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION			1 8 TO 1 Lab., 4-1	A 0	ONSET AND DEATH
	(This doe	LEADING TO DEA's not mean the mode of	TH  f dving, e.g.,	w Kon	onon,	Sclerosis	under
	heart fail	ure, asthenia, etc. It mea complication which c	ns the disease.	DUE TO			
					0		
,		ANTECEDENT CAUS	ES	Arteri	oscleratic C	ardio Vascular	Dis undet
5		S OR CONDITIONS, I					
		YING CONDITION LA		DUE TO			5.187
2				(C)			
1	TRIBUTIN	II  SIGNIFICANT CONDI  G TO THE DEATH, BUT  DISEASE OR CONDITION	NOT RELATED	Benion	Prostatio	Hubartrok	h )
				NDINGS OF OPER		114.10	20. AUTOPSY?
		P					YES NO
2	21A. ACCII LYING□ O CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH		OF INJURY (e. g., i factory, street, office bldg.,			y, give exact location)
	2 ID. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E	INJURY OCCURR		INJURY OCCUR?	
			m. wo	RK AT WORK			
		by certify that I att					, that I last saw the
			_, 19 and			from the causes and on	the date stated above
	7he	odone H	Frank	el M.D. 2	1213 Light	St .	23c. DATE SIGNED
24	A. BURIAL,	CREMA- 248. DATE	24c			24D. LOCATION (City, to	
	Burea	e May 25	-1951 I	reindship,	nelhodist	Fallation	Hed ma
1	ATE RECEIVE		SSIGNATURE	Marke M. B.	25. FUNERAL DIRE	CTOR	ADDRESS
-	VS 150	<del>351</del>	THE PARTY OF THE P	TOTAL SECTION OF SECTI	10 STON	gaer	NEWSON THE
	10 100	21244	Consideration of the last	HERE THE PROPERTY OF THE			000



51 4588 Registered No.

BIRTH NO.								
1. NAME OF DECEASED (Type or Print)	BE NJAM]	IN HOMER BATTE		2. DATE OF DEATH	lay 20, 1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE before admission)					
B. FULL NAME OF (If not in hospita	al or instituti	on, give street address or	Md.					
HOSPITAL OR		location)		If outside corporate lin	nits, write RURAL and give township)			
			Baltimore	Land O of				
c. Ongth of stay in Baltimore		Yrs. Mos.		f rural, give location)				
5. SEX   6. COLOR OR RACE	7 SINGLE	Days	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours			
	WIDOW	ED, DIVORCED (Specify)	J. DATE OF BIRTH	last birthday)	Months Days Hours Min.			
male white	marr		May 2, 1890	61.				
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF			
	Coffee	Business	Missouri WHAT COUNTRY					
13. FATHER'S NAME	001100	4	14. MOTHER'S MAIDEN	NAME				
Hanny Patta		(w)						
Henry Batte			Hane Homer					
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS					
no		0.000.111111101	Mrs. Mary K.	Batte - 4806	Liberty Hets.			
18. // /		CALISE	OF DEATH		INTERVAL BETWEEN			
1621		CAUSE	· A		ONSET AND DEATH			
DISEASE OR CONDITION I	H	Pa.	lance.		1 1. #			
(This does not mean the mode of	(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,							
injury or complication which ca	aused death	DUE TO	(/ _	(1				
ANYECEDENIA CANO		04	ings.					
ANTECEDENT CAUSES								
DISEASES OR CONDITIONS, IF ANY, GIVING								
RISE TO THE ABOVE CAUSE (A)	STATING TH	E DUE TO						
ONDERLYING CONDITION LAS		(C)						
IL.								
OTHER SIGNIFICANT CONDIT	TIONS CON	- 01	· D	, ,				
TRIBUTING TO THE GEATH, BUT I	NOT RELATE	D Man	ne Brong	hate .	15 yrs.			
U TO THE DISEASE OR CONDITION								
1 1 -1 160	B. MAJOR	FINDINGS OF OPER.		Pest lun	20. AUTOPSY?			
21Å. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING	(1) -		Land Collection	1 0079	YES NO			
21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH  21B. PLACE OF INJURY (e.g., in or ly lying or lying)  About home, farm, factory, street, office bldg., etc.)								
	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?							
INJURY		WHILE AT NOT WHILE		MET IN THE ST				
22 I hereby contifu that I att								
	I hereby certify that I attended the deceased from Take, 1937, to 7, 1957, that I last sar ceased alive on 1, 1951, and that death occurred at 5.30 fm., from the causes and on the date stated at							
23A. SIGNATURE	., 19.71.,		38. ADDRESS A.	ine causes and on	the date stated above.			
Farl L. Chem	Len	M. D.	4108 . Joberty	- H5.	5/51/51			
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	2	24c. NAME OF CEMETER	RY OR CREMATORY 240.	LOCATION (City, to	vn, or county) (State)			
Cremation 5/24/51		Loudon Par	k Crematory Ba	ltp., Md.				
DATE RECEIVED BY   REGISTRAR'S	SIGNATU		25 FUNERAL DIRECTOR		ADDRESS			
LOCAL REGISTRAR		MAVED OLD	in land	tilan				
777531		Marie Langue of Marie 1984	25/10 · 01. V/	upper y	XWW			
WINVS 150	44512000	्राक्त लगावारिक विकासमाना करा है है।	15	, \ (	nt non			



51 4589 Registered No .\_\_

-	IKIN NO.								
	NAME OF D Type or Print)		ne Ann	McRobbie		2. DATE OF DEATH May 2	יז ו סגז		
Jane Ann McRobbie  3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (W	here deceased lived, If i	nstitution: residence before admission)		
В.	FULL NAME OSPITAL OR		tal or institut	ion, give street address or location)	Maryland				
	ISTITUTION	1170	m-11 - D			7 ~	, write RURAL and give township)		
		4410	Falls R	oad Yrs.	Baltimor o. STREET ADDRESS (lfr		12		
C	noth of s	tay in Baltimore	28 y	Man	4418 Fal	2000			
5.	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years) If	Under I Year   If Under 24 Hours		
	Female	White	Wido	VED, DIVORCED (Specify)	Nov. 26, 1861	89	nths Days Hours Min.		
1 C	A. USUAL OC k dope during most of At Home	CUPATION (Give kind o of working life, even if retired	108. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY Scotland		
13	B. FATHER'S N	IAME			14. MOTHER'S MAIDEN NA	ME			
	Robert G	unn			Jane A. Cuthill				
Ye	S. WAS DECEASE s, no or unknown)	D EVER IN U. S. ARME (If yes, give war or dat	D FORCES? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Elizabeth J.		DRESS		
Ī	18. 5	92 X.		CAUSE	OF DEATH		INTERVAL BETWEEN		
	heart failu	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  (A)  Chronic Calumbia Tophutis  (B)							
		ANTECEDENT CAUSES Of Shaffing Mall T. 1945							
Z	DISTAGE	(B) Coroneo Valunt Mar 1971mbs 1778							
ATIC	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.								
Ü		그렇게 얼마 얼마 얼마나 그 얼마를 하면 되었다. 나는 그들은 그 얼마나 얼마나 나를 다 되었다.							
L		[[ (c)							
ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATEO TO THE DISEASE OR CONDITION CAUSING IT.								
7				FINDINGS OF OPER	ATION	•	20. AUTOPSY?		
S	YES  21A. ACCIDENT, SUICIDE,   21B. PLACE OF INJURY (e.g., in or   21c. WHERE DID (If in Baltimore City, give exact								
MED	HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?								
_	21D. TIME (	Month) (Day) (Year	(Hour)	21E. INJURY OCCURRE		OCCUR7			
	m. WHILE AT NOT WHILE AT WORK								
	22. I herch	22. I hereby certify that I attended the deceased from Mer 30, 1957, to Mey 21, 1957, that I last saw the deceased alive on Mey 20, 1957, and that death occurred at 7.5 pm., from the lauses and on the date stated above							
	deceased al	ive on May 20	, 19.5/.	and that death occur	red at 7. 3 mm., from th	re lauses and on th	e date stated above		
	23A. SIGNAT	TURE 3	wa	M. D. 3	38. ADDRESS Los John	jet Ders.	23c. DATE SIGNED		
	4A. BURIAL, C			24c. NAME OF CEMETE	RY OR CREMATORY 240. IN	CATION (City, town,	or county) (State)		
111	on REMOVAL (S Burial	May 24	, 1951	Lorraine Park		timore Co., 1	Maryland		
	ATE RECEIVE	D BY REGISTRAR	SSIGNATI	Blome M. D.	25. FUNERAL DIRECTOR		ADDRESS		
N	IAY 2215	51	- A BASE-1	Maria Maria	Burger Funeral H	ome 3631 Fa	alls Road		
	VS 150	in pass		als the principle	Horace 9	4 Durge	1210		
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Registered No. 4590

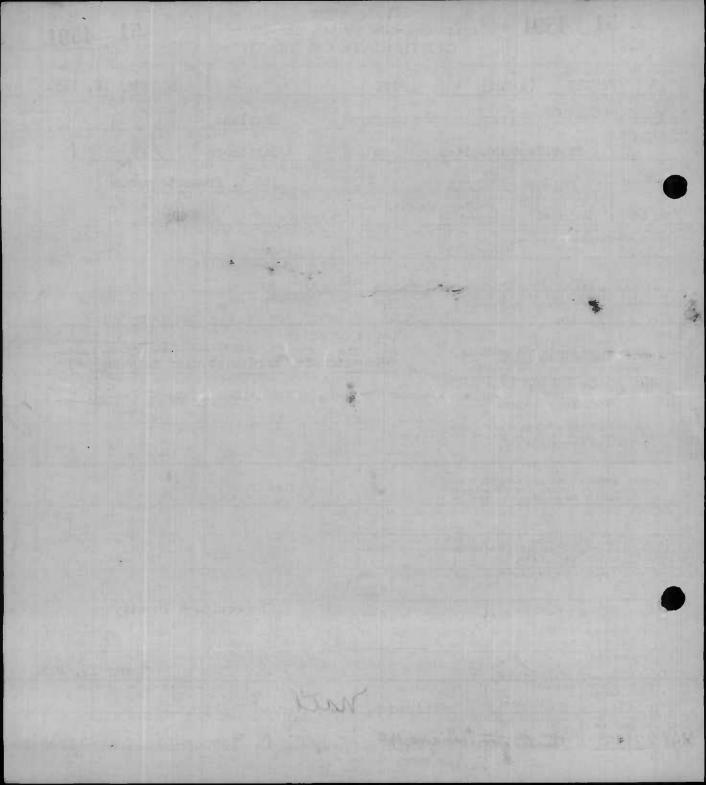
BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) GEORGE WATSON May 19, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Maryland General Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos 25 years 321 W. 29th Street ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH AGE (in years | | Under | Year | If Under 24 Hours las birthday) | Months: Days | Hours: Min. Male White April 15, 1913 Married 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY work done during most of working life, even if retired) USA Virginia Plasterer CONUT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret Ann Rosenbalm George W. Watson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO (Yes, no or unknown) 321 W. 29th St. 2nd World War Mrs. Dorothy M. Watson Yes 218-01-8873 INTERVAL BETWEE CAUSE OF DEATH F816.4 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Skull fracture (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DEDECADO ANTECEDENT CAUSES Contusion of brain FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21A EXTERNAL CAUSE WAS UNDERLYING TO CAUSE OF DEATH. 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 11/4  ${f Street}$ Lanvale Street and Park Avenue 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED collision May 19 AT WORK X Was a passenger in an auto & auto 12:10 A.m. WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes [ ], accident X, suicide [ ], homicide [ ] undetermined [ ]. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 23c. DATE SIGNED May 19, 1951 MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) May 22, 1951 St. Marv's (Hampden) Baltimore, Maryland Burial 25. FUNERAL DIRECTOR RECEIVED BY REGISTRAR'S.SIGNATUR ADDRESS 3631 Falls Road Burgee, Funeral Home Durgee

ALE . TENEDE . ME Marie Committee of the AP AND AND THE PARTY OF THE PAR

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0	-	-		

# BALTIMORE CITY HEALTH DEPARTMENT 51 Registered No. 4591

BI	RTH NO.			CERTIFICATI	OF DEATH	200	
	NAME OF DE	ANNTE	(NANCY)	PITT		2. DATE OF May 1	.8, 1951
	PLACE OF DE	ATH:		LTT	4. USUAL RESIDENCE (W	here deceased lived. If in	stitution: residence
	FULL NAME	ity, Marylan		ition, give street address or	A. STATE Maryland	B. COUNTY	before admission)
H	SPITAL OR	(12 1100 111		location)		outside corporate limits,	
111	SHITTION	Provid	lent Hospi	tal	Baltimore	2 10-	6 (township)
	MA TOTAL			Yrs.	D. STREET ADDRESS (If	rural, give location)	
	ngth of st	ay in Baltim	ore 30y	rs Mos. Days	324 N. Fr	remont Avenue	
5.	_X	6. COLOR OR I		E, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH		der 1 Year   If Under 24 Hours hs: Days   Hours   Min.
	Female	Colored			9/27/1901	49	
		CUPATION (Give		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 1.	2. CITIZEN OF WHAT COUNTRY
	Maid		Hosp		HAMPTON, I	JA _ II	ISA
13	. FATHER S N	AME			14. MOTHER'S MAIDEN NA	AME	
	DAVID	BYRD			MARY BROWN		
15 (Ye	. WAS DECEASE s, no or unknown)	D EVER IN U.S. (If yes, give war	ARMED FORCES? or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS
	No	No		219-30-7929	RENJ PITT-324	A FREMONT AV	7F
	18. 443	3 X .		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS		TION DIRECTLY				
	(This does	LEADING TO not mean the	mode of dying, e	· g., (A)	rtensive cardiovas	scular disease	
	heart failu injury or	re, asthenia, etc. complication w	It means the diser hich caused dear	ase, th.) DUE TO			
		ANTECEDENT	CAUSES				
	(B)						
0			ONS, IF ANY, GIV E (A) STATING				
AT	UNDERLY	ING CONDITI	ON LAST.	(C)	***************************************	*****	
CERTIFICATION		11					
Ë		GNIFICANT C	ONDITIONS CO				
四四			BUT NOT RELATION CAUSING				
O	19A. DATE OF	FOPERATION	198. MAJOI	R FINDINGS OF OPER	ATION	20. AUTOPSY?	
AL			1 01- 51	100 00 MM	Late where his W	f in Doltinana Cita nia	YES NO X
EDICAL	UNDERLYING	AL CAUSE W.		ACE OF INJURY (e.g., in e,farm,factory,street,office bldg.,e		f in Baltimore City, giv	e exact location)
		AUSE OF DE					
Σ	OF INJURY	Month) (Day)	(Year) (Hour)	WHILE AT NOT WHILE	ED 21F. HOW DID INJURY	OCCUR?	
I			m.	WORK AT WORK			
	22. 1 certif	y that I took	charge of the	e remains described a	bove, held an Inspecti		thereon and from
	the evic	dence obtaine	d by said Au	topsy, Inspection or I	nquiry, find that said de	Inspection or Inquiry eccased deed on the	day stated above.
			nion resulted	from: natural causes	X, accident [], suicide		
	23A SIGNAT	URE	1 1/2/-		ASSISTANT MEDICAL E	EXAMINER X MOTO	19. 1951
24	A. BURIAL, C	REMA- 24B. D	DOWN	M 24c. NAME OF CEMETE	D. MEDICAL INVESTIGATO	OR May	
TIC	N. REMOVAL (SI	pecify)		)	127	O. 11014 (0163) WITH 01	(Source)
D4	Rurial		2/51 RAR'S SIGNAT	Baltimore,	25. FUNERAL DIRECTOR	to. Wd.	DDRESS
	CAL REGISTE		AL SIGNAT	1111			
TAT	AY 2219!	1	A STATE OF THE PARTY OF THE PAR	WAR THE STATE OF T	Charles G. Goo	per-512 Car	rollton *
V	S 151	2.00	Non I Street	19 ments 79	5 87		937
				//	- 0 /		1~/



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4592 Registered No.

В	IRTH NO.			ERTIFICAT	E OF DEATH	xicg.sicred	110
(T	NAME OF D	rough	Reza	C TR		2. DATE OF DEATH S	2051
	Baltimore	City, Maryland			4. USUAL RESIDENCE (	Where deceased lived, B. COUNTY	If institution: residence before admission)
	FULL NAME OSPITAL OR			, give street address of		0.	
11	ISTITUTION	GOOD SAMAR	ITAN HOM	F + HOSPITAL	C. CITT OR TOWN,		its, write RURAL and give township)
19	2.0			To V-	BALTIMON	95 /- 0	) \
	the north of a	tow in Dolting		77 YAS Mos.	D. STREET ADDRESS (I		
5.	SEX	tay in Baltimore	7. SINGLE, N	Days	22/8 E P		If Under 1 Year   If Under 24 Hours
1	TALE	WHITE	WIDOWED	D. DIVORCED (Specify	JUNE 1 1871	last birthday)	Ionths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind o	5/N	F BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	1 12. CITIZEN OF
Por!	TIREN W/F	of working life, even if retired	U.S 6	OVERNABUSTA		•	WHAT COUNTRY?
13	B. FATHER'S		K LOGAN	FIELD	14. MOTHER'S MAIDEN N		U, S. A.
	Tos		ZAC		BARBARA.	9	
Ye (Ye	s, no or unknown)	ED EVER IN U.S. ARME (If yes, give war or dat	D FORCES? 1	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			NONE	ARTHUR BILLY	1416 WILSON	POINT RD
	18. 47	2.1		CAUSE	OF DEATH	$\wedge$	INTERVAL BETWEEN
	DISEAS	SE OR CONDITION LEADING TO DEA	DIRECTLY	0 -	Die Vonanone	d) agent so	ONSET AND DEATH
	(This does	not mean the mode	of dving, e.g.,	(4)	an promote	10-7-04	mu .
	injury or	re, asthonia, etc. It me complication which	caused death.)	DUE TO			
		ANTECEDENT CAU	SES				
Z	DISEASE	S OR CONDITIONS,		(B)	***************************************	******************************	100110100
H	RISE TO T	HE ABOVE CAUSE (A)	STATING THE	DUE TO			
8	ONDERE	ING CONDITION L	AST.	(C)	***************************************		
L		П					
R	OTHER S	IGNIFICANT COND	ITIONS CON-				
CE	TO THE D	TO THE DEATH, BUT ISEASE OR CONDITION	CAUSING IT.				
1	19A. DATE C	F OPERATION	19B. MAJOR FI	NDINGS OF OPE	RATION		20. AUTOPSY?
S	314 ACCUD	ENT WAS UNDER-	L OLD DI AGE	OF INVIENT	1 1 24 - 1011 - 2	(74.1. 2) 1.1	YES NO
VEDI	LYING OF	R CONTRIBUTING	about home, farm	OF INJURY (e. g., ,factory,street,office bldg.	in or 21c. WHERE DID (etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
Con.	21b. TIME	(Month) (Day) (Year	) (Hour)   21E	. INJURY OCCURE	ED 21F. HOW DID INJUR	Y OCCUR?	
				LE AT NOT WHILE			
	22. I hereb	y certify that I at	tended the de	214	cy/6 40/ 601	May 20 \$	, that I last saw the
	deceased a	live on May)	P. 105 1 and	d that death occu	rred at 12 30 Pn. from	the causes and on	the date stated above.
	23 K. SIG 1	MEED AND			23B. ADDRESS	a st. 6	23C. PATE SIGNED
		19 40	- V C U C	M. D. 4	103 MU	west	19 572061
710	A. BURIAL, ON, REMOVAL (S	pecify) 24B. DATE	240	. NAME OF CEMEN	RY OR CREMATORY 240. L	CATION (City, town	or county) (State)
n	BURING			AK HILL (	CEMETERY BOOK	YORNERS LA	NE MD
	AL REGIST	RAR REGISTRAR	S SIGNATURE	) . W m	25. FUNERAL DIRECTOR		ADDRESS
	Y 2 210	51 1000	Later I'm	A distribution of the second	Deside Bus	1500 E L	OMBARD ST
	VS 150		Transfer to	A STANDARD CONTRACTOR			025
			1 m C 3 m m 1	-			1.77 ) 1.1

THE THE A STATE Section of the second the transfer of the transfer of the property of the party 

200	BALTIMORE CITY H	EALTH DEPARTMENT	Registered No	,
BIRTH NO.	CERTIFICAT	E OF DEATH	registered Ne	
1. NAME OF DECEASED (Type or Print) Margant/	M. Keen (or) Mar	r Maine treen	OF DEATH MAY	20-51
a. Baltimore City, Maryland	Balto. al or institution, give street address o	4. USUAL RESIDENCE (W	here deceased lived, If In B. COUNTY	stitution: residence before admission)
HOSPITAL OR INSTITUTION	location		outside corporate limits,	
3803 Ly	endale Ave	D. STREET ADDRESS (If r	Que (o =	63 township)
ength of stay in Baltimore	15 yrs. Mos. Days	3000	ala Ave	fix it is
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years If U last birthday) Mont	nder I Year H Under 24 Kours thas Days Hours Min.
10A. USUAL OCCUPATION (Give kind of	MOFFIED	11. BIRTHPLACE (State or for	reign country) 1	2. CITIZEN OF
Hair Drassey	Cash Bearly Salo		Del.	U. S.A
13. FATHER'S NAME  Walter M		14. MOTHER'S MAIDEN NA	ME	
15. WAS DECEASED EVER IN U. S. ARMED		17. INFORMANT	TYIQ	NA
(Yes, no or unknown) (If yes, give war or dates	SECURITY NO.	I U. A. CL	en 38031	rndals Ame
18. /53×	CAUSE	OF DEATH		NTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of	H Car	cinoma, Colo	n, with	6 mos.
heart failure, asthenia, etc. It meaninjury or complication which c	ns the disease, aused death.) DUE TO M	etastasis to	Liver	***************************************
ANTECEDENT CAUS	ES			
DISEASES OR CONDITIONS, IF				••••
UNDERLYING CONDITION LA	ST. (¢)	***************************************	***************************************	
OTHER SIGNIFICANT CONDI TRIBUTING TO THE DEATH, BUT TO THE DISEASE DR CONDITION	NOT RELATED			
	9B. MAJOR FINDINGS OF OPE	RATION		20, AUTOPSY?
21A. ACCIDENT WAS UNDER.	218. PLACE OF INJURY (6. R.,	in or   21c. WHERE DID (If	in Baltimore City, giv	YES ND Ye exact location)
LYING OR CONTRIBUTING CAUSE OF DEATH	about home, farm, factory, street, office bldg.	.etc.) INJURY OCCUR?		
ID. TIME (Month) (Day) (Year)			OCCUR?	
	m. WHILE AT NOT WHILE AT WORK		4-1	
deceased alive on May 18	ended the deceased from 32, 1957, and that death occu	4 42	1 dy 20, 1977, ne causes and on the	
23A. SIGNATURE	.,	23B. ADDRESS	a. R.	23c. DATE SIGNED
24A. BURIAL, CREMA: 24B. DATE	24c. NAME OF CEMETI	ERY DR CREMATORY   24D. LC	CATION (City, town, o	r county) (State)
TION REMOVAL (Specify) Nay 38	-51 Wuesler	Chapel Ro	ck Hall	Md
DATE RECEIVED BY REGISTRAR'S	S SIGNATURE ~	FUNERAL DIRECTOR	\ Cac  =	ADDRESS
THE PARTY OF THE P	The hand of the standard of the last of the standard of the st			TO be ENGLARY

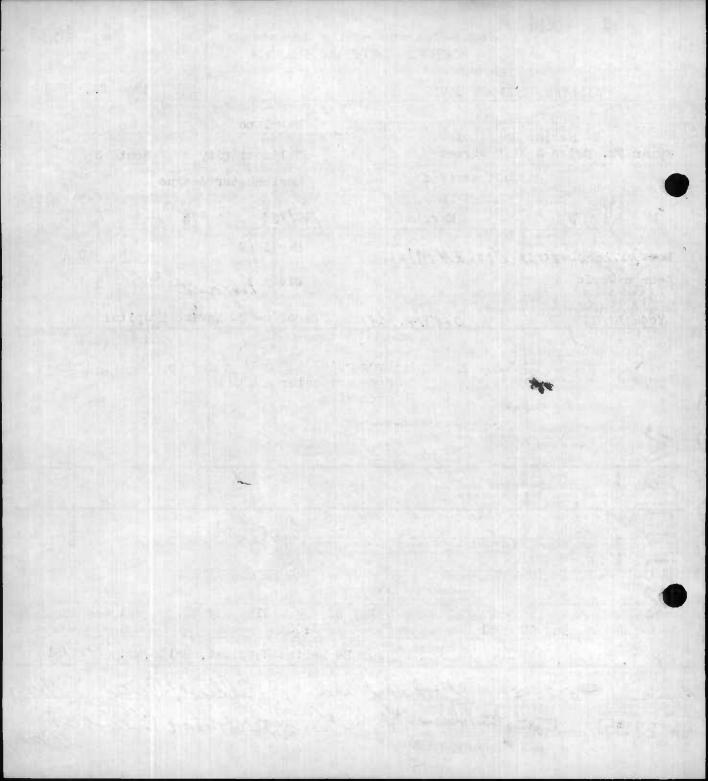
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100	130			E OF DEATH	Registered N	4594
-	RTH NO.					
	NAME OF D		ANFORD DAVIS		2. DATE OF DEATH MAY	22, 1951
	Baltimore (	City, Maryland		4. USUAL RESIDENCE (V	here deceased lived, If is B. COUNTY	nstitution : residence / before admission)
В.	FULL NAME	OF _ Uf not in hospit	tal or institution, give street address o	Maryland	Howa	nd
IN	SPITAL OR	US Marine Pk. Drive & 3	-	C. CITT OR TOWN	outside corporate limits,	townshin
_	МАпют	PK. DIIVO & C		D. STREET ADDRESS (If		e 3
C.	gth of s	stay in Baltimore	Just arrived Yrs. Mos. Days	Westcheste		6200
5.	SEX M	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Married	8. DATE OF BIRTH 4/10/75		Under 1 Year If Under 24 Hours this Days Hours Min.
	done during most	CUPATION (Give kind of of working life, even if retired)		II. BIRTHPLACE (State or for Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S	NAME	110028/1-/11/14	14. MOTHER'S MAIDEN N		0002
	George	Davis		Dicie Bry	aut.	
15 Ye	. WAS DECEAS	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?   16. SOCIAL se of service)   SECURITY NO.	17. INFORMANT		DRESS
	Yes	SAW	218:14-1651	Records- US	Marine Hospit	al
	18. 42	0.1.	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION				
	(This does	LEADING TO DEA	of dying, e.g., (A)	ardial infarction		Unknown
	injury or	are, asthenia, etc. It mea complication which	caused death.) DUE TO	nary sclerosis wi	th	
		ANTECEDENT CAUS	occl.	usion		
Z			(B)		****	
2	RISE TO T	S OR CONDITIONS, I THE ABOVE CAUSE (A)	STATING THE DUE TO			
	UNDERL	YING CONDITION LA	AST. (C)		***************************************	
-						
-	OTHER S	II SIGNIFICANT COND	ITIONS CON-			
Į,		G TO THE DEATH, BUT				
1			198. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
3						YES NO L
LDIC		DENT WAS UNDER- R CONTRIBUTING DEATH	218. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg		If in Baltimore City, g	ive exact location)
2	2 ID. TIME	(Month) (Day) (Year	WHILE AT NOT WHIL	E	Y OCCUR?	
			m.   WORK   AT WORK		loss 22 1051	., .,
			tended the deceased from Me		lay 22 , 1951	
	23A. SIGNA		2, 1951 and that death occi	23B. ADDRESS	ne causes ana on th	23c. DATE SIGNED
	John L.	Wilson, Med	of Command	US Marine Hospit	al, Balto, Md.	
24	4A. BURIAL.	CREMA- 248. DATE	24c. NAME OF CAMET	ERY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
	Sureal	5.25-	51 Sood shep	Kerd El	wolf Cit	1 ma
D.	ATE RECEIVE	D BY   REGISTRAR	'S SIGNATURE	25. FUNERAL DIRECTOR	200 1	ADDRESS
A	MAY 221	951 tut	TOTAL MANAGER	J. C. Hegist	rtism Ell	cold Cely
7	VS 150		A Constituted Manager 1	V		Ome
		-10.05				940
					The second second	17-



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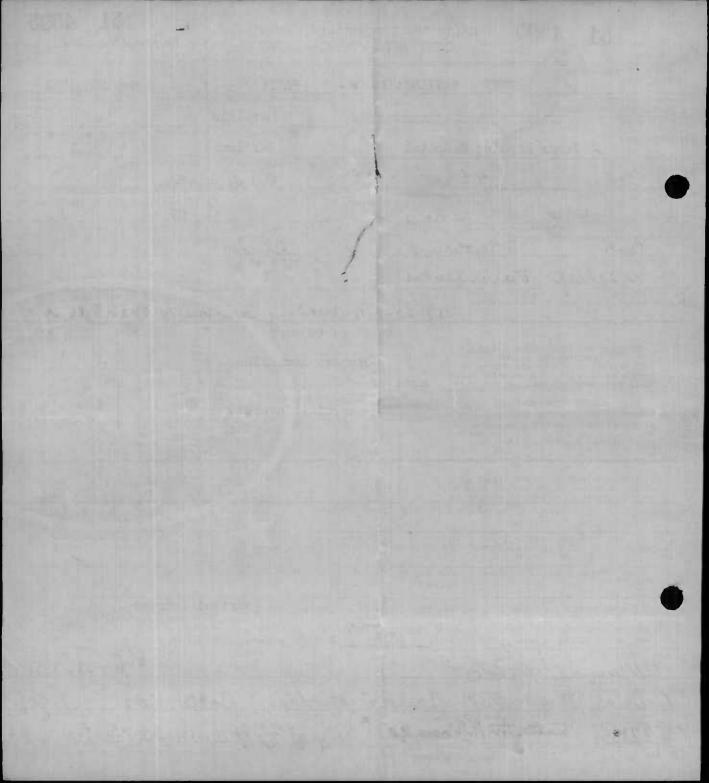
DATE RECEIVED BY

REGISTRAR

REGISTRAR

'S SIGNATURE

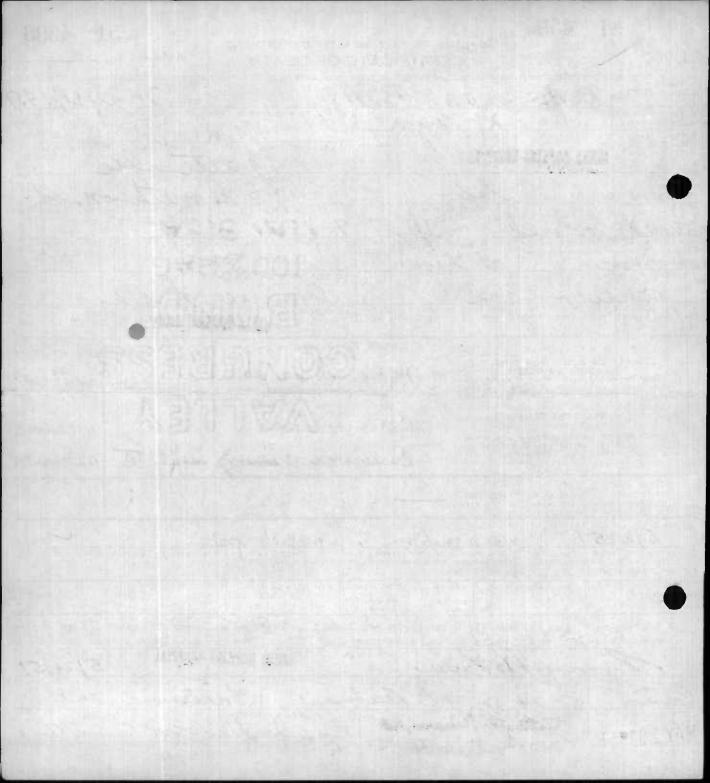
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

		4030
Registered	No	

	NAME OF DECE ype or Print)	BELLE	SEG	A1 131	114	2. DATE OF DEATH	mai	121 195
	PLACE OF DEAT Baltimore City		12	12un	4. USUAL RESIDE	ENCE (Where decease		ution: residence before admission)
	FULL NAME OF	(If not in hospfi	al or instituti	on, give greet address	\	nd.	14 - (	Lamania
IN	SPITAL OR STITUTION	PETTERN PETE	TARBURET	location	c. CITY OR TOWN	(If outside corpo	rate limits, writ	te RURAL and give
3	3	ATTO BALTUM	MADE IVER			1 alles	noce	township)
			-J.	Yrs.		SS (If right, give loc		1
C.	ngth of stay	in Baltimore	del	Mos. Day		6 N m1	Than	n M-
8.		COLOR OR RACE	7. SINGLE	. MARRIED.	B DATE OF BIRTH	9. AGE (In	years It Under 1	Year If Under 24 Homs Days Hours Min.
4	002200	Carlaso.	WIDOW	ED, DIVORCED (Special	7-1-2	last birt	hday) Months	Days Hours Min.
10.	A. USUAL OCCUP	PATION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (S	State or foreign country	7)   12 0	ITIZEN OF
work	done during most of wor	king life, even if retired)	-4	INDUSTR		me !		VHAT COUNTRY?
13	FATHER'S NAM		ar	RAMONLI	14 MOTUEDIO MA	ma		
	The Daw	- /	0		14. MOTHER'S MA	IDEN NAME	0	
	xour		gal		un	ue K	ule_	
Yes (Yes	MAS DECEASED E	VER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	THE MONETURE TO	ADDRE	SS
`	U		, , , ,	SECORITI NO.		THE PARTY NA	N. C. C.	
	18. 171	Y		CAUSE	OF DEATH		[11	TERVAL BETWEEN
	DISFASE	OR CONDITION	DIRECTIV	0,1002	0. 02.	1010	0	NSET AND DEATH
	LE	ADING TO DEA	TH	Hereday	2 - Winsin.	Lil Qual		. b
	heart failure, a	mean the mode of sthenia, etc. It mea	ns the disease		and the second			uxrenous
	injury or eon	plication which	eaused death.	) OUE TO	1		1987	
	ANT	TECEDENT CAUS	SES	Pana	do.			1
NO	DISEASES OF	CONDITIONS, I	T 45137	(B) Care	nomaquero	**************************************	1	in known
	RISE TO THE	ABOVE CAUSE (A)	STATING THE	E DUE TO				
AT	UNDERLYING	CONDITION LA	ST.	(c) Cases	noma of le	west bot	VTV	mergy of me
는			7A 17 15		()			,
ERTIF	OTHER SIGN	IFICANT CONDI	TIONE CON					
H	TRIBUTING TO	THE DEATH, BUT	NOT RELATED					
U.	19A. DATE OF C	SE OR CONDITION		FINDINGS OF OPE				
기	5/16/	5 / 3	1/1 Ora	TINDINGS OF OPE	al of bla	1		20. AUTOPSY?
O.	21A. KCCIDENT	WAS UNDER-	21B PLA	CE OF IN ILIPY	in nr 21c. WHERE D	ID (If in Baltimo		YES NO
EDICA		ONTRIBUTING	about home, fe	rm, factory, street, office bldg	.,etc.) INJURY OCCU	R? (II III Baltimo	re City, give ea	taet location)
Z		nth) (Day) (Year)	(Hour)   2	1E. INJURY OCCUR	RED 21F. HOW DID	INJURY OCCUR?		
	INJURY			HILE AT NOT WHILE WORK AT WORK				
	22. I hereby co	ertifu that I att	anded the	deceased from 4		140 5-21	-10.5 uhm	t I last saw the
	deceased aline	on 5 - 2/	= 10 5 / a	and that death occu	mad at 2: 20 7.			
	23A. SIGNATIA	E	/12/	Tha that aeath occi	23B. ADDRESS AND	from the causes a		DATE SIGNED
	12.0	mond	19419	ear M.D.	TO ALLE	GOLFIND MONLING	4	122/51
24		MA- 24B. DATE	12		ERY OR CREMATORY!	240. LOCATION (C	ity, town, or cou	inty) (State)
25.46	N REMOVAL (Speci	fy)	1-01	mr Com	4	3. た.		m. D.
_	TE RECEIVED B	Y REGISTRAP	SSIGNATION	ba.	25. FUNERAL DIR		100	RESS
	CAL REGISTRAR		1	Wants M.B.	20.FUNERAL DIR	CION	1	NL35
IV	AY 221951				Min fil. fa	Allen - 41	6 ena	My Clarks
	VS 150	1940	7.148	P. M. D. B. W.	4 200	Ö		1100
								480



## BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 2 DATE 1. NAME OF DECEASED May 18, 1951 PEARL. HEMTNGWAY DEATH 4. USUAL RESIDENCE (Where deceased inved. If institution: residence 3. PLACE OF DEATH: 8 COLINTY hefore admission) A. Baltimore City, Maryland A. STATE Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and wive HOSPITAL OR C CITY OR TOWN INSTITUTION Johns Hopkins Hospital Baltimore D STREET ADDRESS (If rural, give location) Yrs. Wos. 1004 E. Monument Street noth of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (in years) If Under 1 Year 6 COLOR OF RACE last birthday) Months: Days Hours: Min. Aina Le Female Colored 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY 10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY omeou 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME tonner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. (Yes. no or unknown) INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Sickle cell anemia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MOSEXTAXX ANTECEDENT CAUSES Cardiac failure ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 20 AUTOPSY 198 MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION VES NO X (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \( \precedent \), suicide \( \precedent \), homicide \( \precedent \), undetermined \( \precedent \) 23c. DATE SIGNED 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER ...

ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

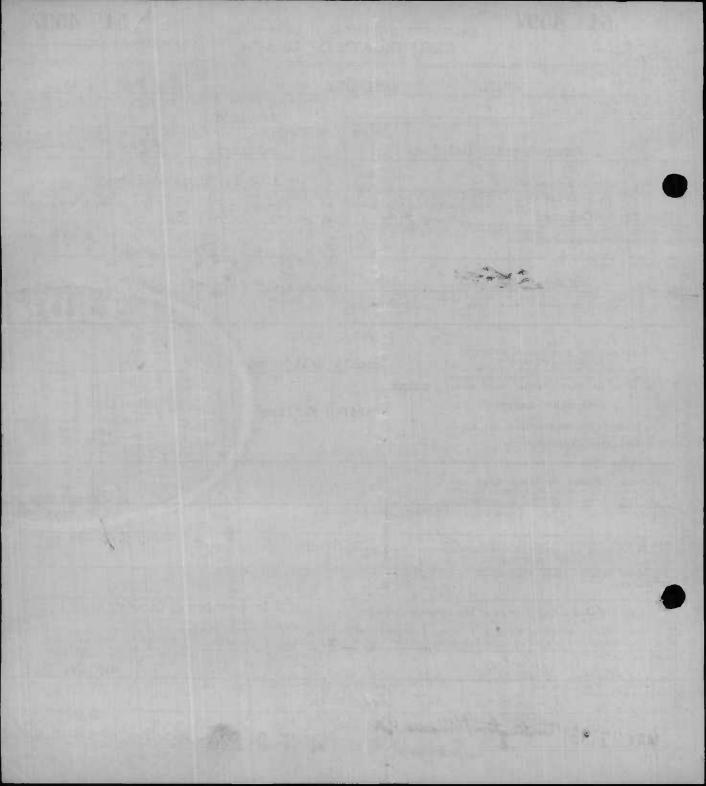
24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TLON, REMOVAL (Specify)

ADDRESS

DATE RECEIVED BY REGISTRAR'S SIGNA

25. FUNERAL DIRECTOR

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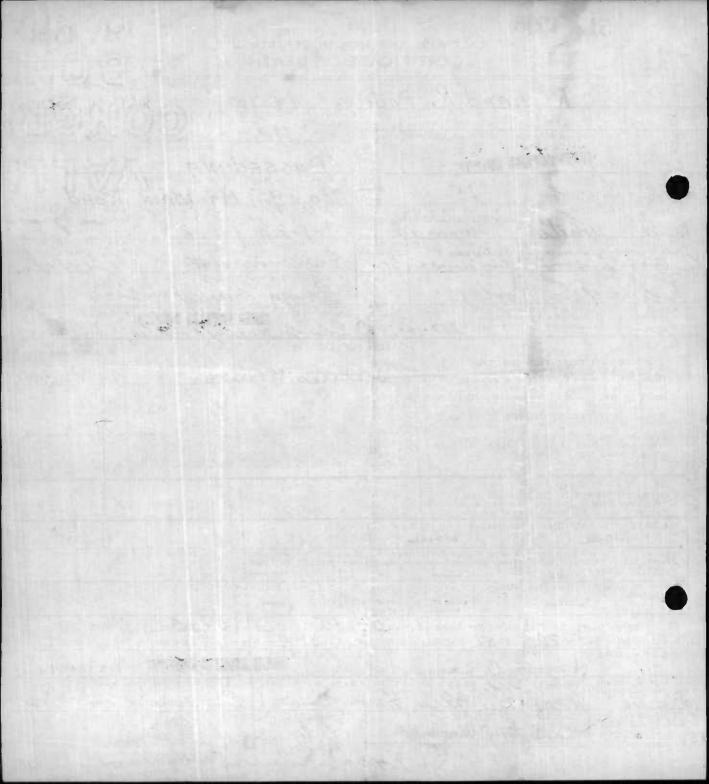


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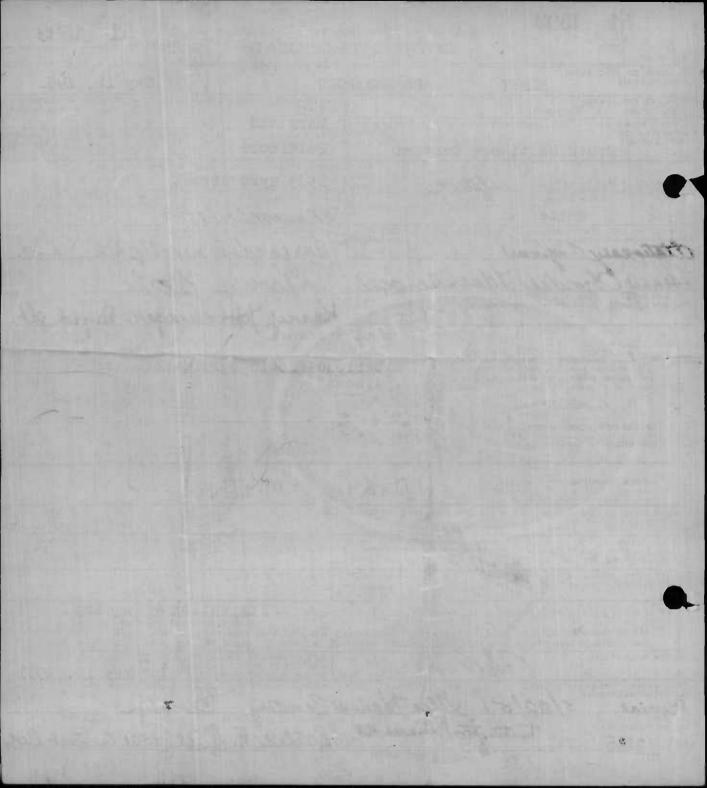
CERTIFICATE OF DEATH

Registered No .\_

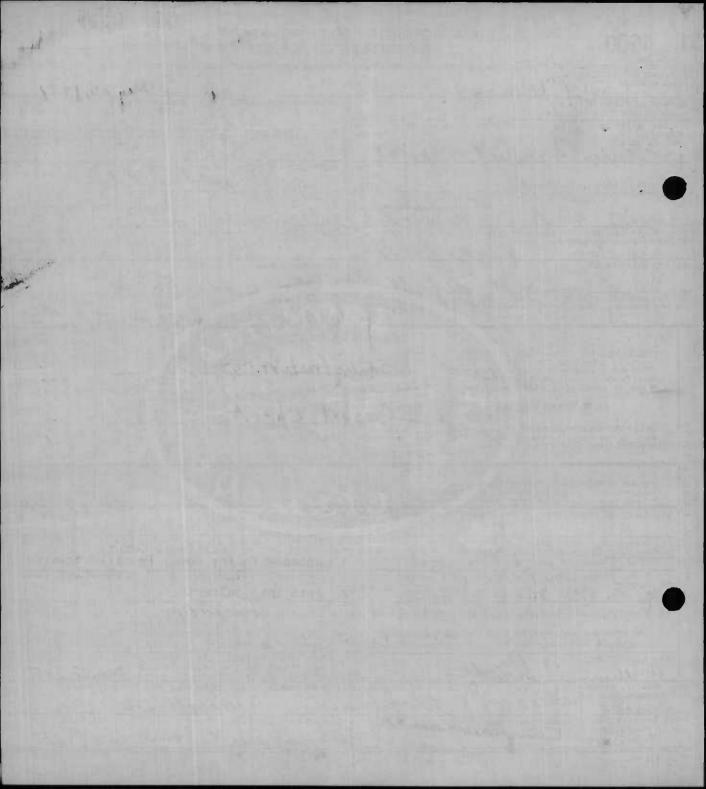
1. NAME OF DECEASED	2. DATE ) linday
(Type or Print) RIChard R. Rode	V. 445158 DEATH MAY 20 1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	Md. anne arund
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
INSTITUTION INTERIOR TOPPING TOPPING	PASSACENA township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Light of stay in Baltimore 25	BOX 95, MOUNTAIN ROAD
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BORTH 9. AGE (In years of Under 1 Year In Under 24 Hours last birthday) Months; Days Hours Min.
male white married	8-1-22 28
10A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR or kind of working life, even if retired)  Potugent INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Rectrician (Lineaman) River naval dis Sta.	Dalling mot. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward O. Wooley	anna May Jenkins
15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL (Yes, no or noknowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT AND THE TARREST ADDRESS
no 217-16-1953	Edw. C. Norden (Fatler) ( slame)
18. 760 X CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	betes Mellitus 19 years
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	
	YES NO L
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, atreet, office bldg., e	o or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 5-	15-, 195/to 5-20-, 195/, that I last saw the
deceased alive on 5-20-, 1957, and that death occur	red at 3 36 Am., from the causes and on the date stated above.
	38. ADDRESS 23c. DATE SIGNED
Harald O. Caun M.D.	20/21 20/21 MARTIN 2 (20/21
24A. BURIAL, CREMA- 24B. DATE Wed. 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial May 23, 1961 They Have	in Cenetis Rune arunolel County mos.
BATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
AV 0 01251	(4. Day and Errous 1)
	1 To swared Court
VS 150	
1101 140	0.5. Charles St. Gallinore 30, Med



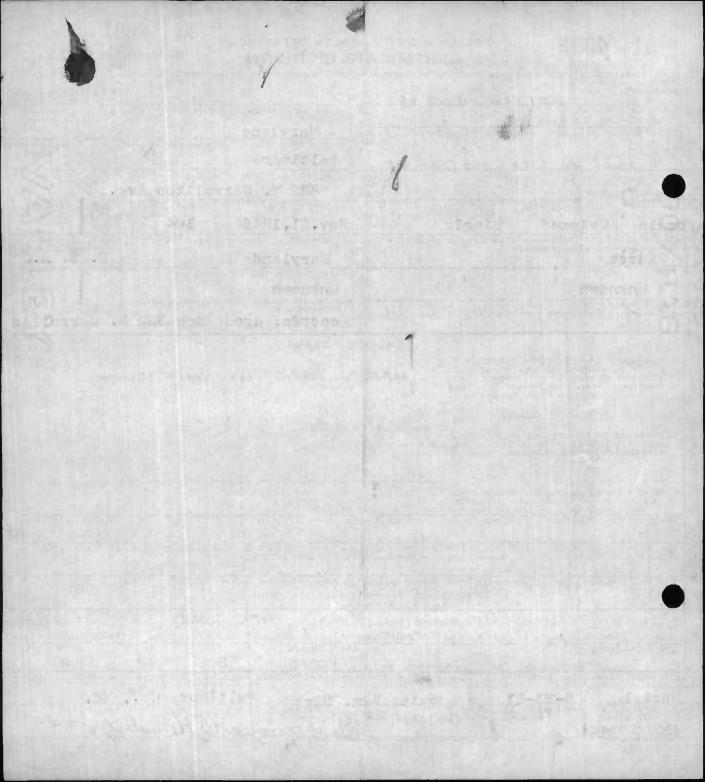
	HEALTH DEPARTMENT 51 4599 TE OF DEATH Registered No
1. NAME OF DECEASED (Type or Print) HENRY HORNSE	ERGER 2. DATE OF May 18, 1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF If not in hospital or institution, give street addre	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)  Maryland
HOSPITAL OR local NISTITUTION South Baltimore General	
N O'l t'	rs. D. STREET ADDRESS (If rural, give location)  1523 Byrd Street
Male White Single, Married, Widowed, Divorced (Sp.	8. DATE OF BIRTH 9. AGE (In years) It Under 1 Year   It Under 24 Hours
10A. USUAL OCCUPATION (Give kind of work one during most of work one during most of working life, eyen if retired)  PUBLIC SCHOOL	- Idorland & questing the WHAT COUNTRY?
Herry Chinder Hornberger	) Johanna Kelle
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or in fnown) (If yes, give war or dates of service)  16. SOCAL SECURITY N	DE LA STREET STREET BYLL OLF.
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  heart failure esthemic etc. If means the disease	riosclerotic cardiovascular sease
ANTECEDENT CAUSES  (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	etes Mellitus
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF C	PERATION   20. AUTOPSY?
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office to UTING CAUSE OF DEATH.	
2 1D. TIME (Month) (Day) (Year) (Hour) 2 1E. INJURY OCCUPANTION OF INJURY OF	HILE T
the evidence obtained by said Autopsy, Inspection	Autopsy, Inspection & Inquiry on and from Autopsy, Inspection or Inquiry or Inquiry, find that said deceased died on the day stated above, ases A, accident , suicide , homicide , undetermined .
23A. SIGNATURE Professional	238. CHIEF MEDICAL EXAMINER
24A. BURIAL, CREMA- TION, REMOVAL (Specify)  DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE	Conting Brothy 25, FUNERAL DIFFECTOR ADDRESS
MAY 221351	38V 61 V



11	W-45 V	51 4600
4		EALTH DEPARTMENT
	BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
	1. NAME OF DECEASED A/	2. DATE
Ш	(Type or Print) Sahil. Williams	OF DEATH Man 20.19.51
	3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, f institution : residence
	B. FULL NAME OF f not in hospital or institution, give street address of	A. STATE B. COUNTY before admission
Ш	HOSPITAL OR location	
	Union Memorial Hospital	Balta township
	Yrs.	o. STREET ADDRESS (If rural, give location)
	mgth of stay in Baltimore  Mos. Days	513 Holden Rd. 27-46
	5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year   If Under 24 Hours
	The walk With the WIDOWED, DIVORCED (Specify	last birthday) Months: Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
W	vork done during most of working life, even if retired)	WHAT COUNTRY
-	13. FATHER'S NAME  FITC. TADUS (A)	14. MOTHER'S MAIDEN NAME
Ш	Real Y-T 1 WE + D OO	Maria le an Land
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	MA BELLE YOUR
	(Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	70	Notet. H. Villiams 1, 40, 0, 31 st
Ш	18. E 8/9.4 CAUSE	OF DEATH INTERVAL BETWEET DISET AND GEATH
Ш	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
	(This does not mean the mode of dying, e.g., (A)	1 tracture
Ш	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
Ш	ANTECEDENT CAUSES	1111
11	(B) C'YUS	hed Chest
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
	UNDERLYING CONDITION LAST.	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
	OTHER SIGNIFICANT CONDITIONS CDN-	
	TRIBUTING TO THE OEATH, BUT NOT RELATED  TD THE DISEASE DR CONDITION CAUSING IT	
	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION   20. AUTOPSY?
		YES ND X
	21A. EXTERNAL CAUSE WAS   21B. PLACE OF INJURY (6. g.,	in or 21c. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR? Baltimore County 5200
	UNDERLYING W OR CONTRIB. ABOUT BOILE, RITHER, RECOPY, SETTER, OR CONTRIB.	Dulaney Valley Road, 12 miles towards
	210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	
	May 20, 1951 3:22 A. m. WHILE AT NOT WHILE AT WORK	x Auto into culvert
	22. I certify that I took charge of the remains described	above, held an Inspection thereon and from
	the anidence obtained by said Autonou Inspection on	Autops, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above
Ш	and death in my opinion resulted from: natural eause	$s \square$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .
Ш	234. SLGNATURE	23B. CHIEF MEDICAL EXAMINER   23c. DATE SIGNED
	William Voronth N	ASSISTANT MEDICAL EXAMINER   May 20 1957
	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY DR CREMATORY 24D. LOCATION (City, town, or county) (State)
		awa Woodlawn Md.
	DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
	LOCAL REGISTRAR	I'm Cast anco 1217 St. Paul St.
-	V S 151	
=	VS 151 N-804 2 6903	1700



		1001				51 460	)1
	5.1	4601	BAI	CERTIFICATI	EALTH DEPARTMENT	Registered 1	No
В	IRTH NO.	1-V V		CERTIFICATI	E OF DEATH	2008-001-04	
	NAME OF DE		17	LAKES		2. DATE OF DEATH	-20-51
	PLACE OF DE Baltimore C				4. USUAL RESIDENCE (		
H	OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)	Maryland c. CITY OR TOWN	If outside corporate limit	ts, write RURAL and give
11	8 NOITUTITES	22 N. CAI	ROLL	TON ST.	Baltimore		township)
c.		tay in Baltimore		Yrs. Mos. Days	b. street address (I	f rural, give location) rollton Ave	. 16-01
L	emale	6. COLOR OR RACE Colored		E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH		ti Under I Year It Under 24 Hours Onths Days Hours Min.
1C	Nurse	CUPATION (Give kind of f working life, even if retired)	108, KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHFLACE (State or Maryland	foreign country)	U. S. A.
13	B. FATHER'S N U <b>nk</b> i	nown			14. MOTHER'S MAIDEN I	NAME	
15 (Ye	. WAS DECEASE m, no or unknown)	D EVER IN U. S. ARMED (If yee, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Records: Aged		DDRESS Carrollta
RTIFICATION	heart failu: injury or DISEASES RISE TO TI UNDERLY	not mean the mode or, asthenia, etc. It mea complication which of ANTECEDENT CAUSE OR CONDITIONS, IT HE ABOVE CAUSE (A) (ING CONDITION LA	ns the disease aused death sES FANY, GIVIT STATING TO	(B)	SC/EROTIC CARDI		
CE	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	ED IT			
AL	19A. DATE O	F OPERATION 0 1	9в. MAJOR	FINDINGS OF OPER	ATION		YES NO
MEDICA		NT, SUICIDE, (Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		(If in Baltimore City,	give exact location)
2	21D. TIME (	Month) (Day) (Year)		21E. INJURY OCCURRING NOT WHILE AT AT WORK		RY OCCUR?	
	22. I hereby deceased al 23A. SIGNAT			and that death occur	7 AN , 1947, to		I, that I last saw the he date stated above.  23c. DATE SIGNED  5- 20 -51
TI	4a. BURIAL, CON, REMOVAL (S) Burial ATE RECEIVED OCAL REGISTI	5-23-5 D BY   REGISTARY		Arbutus Mem		timore Co.,	
	MAY 27 vs 150		-	95 10	WX 15 traces	V. Meusley	93)



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4602

Registered No.

81	RTH NO.	m= 16	3 CERTI	FICATE	E OF DEATH	Registered 1	. 10.
	NAME OF DE	CEASED }	IARRY C. MC CA	FFERTY		2. DATE OF DEATH MAY	19, 1951
Α.	PLACE OF DE Baltimore C	ity, Maryland 80	O N. Montford		4. USUAL RESIDEN	NCE (Where deceased lived. If B. COUNTY	institution: residence before admission)
HOSPITAL OR location)				c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore township)			
C.	Ongth of st	ay in Baltimore	life	Yrs. Mos. Days		N. Montford Ave	. 7-03
1	sex	6.COLOR OR RACE	7. SINGLE, MARRIED WIDOWED, DIVOR	CED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday) Me	H Under 1 Year K Under 24 Hours on the Days Hours Min.
	k done during most of	CUPATION (Give kind of f working life, even if retired)  Finisher	Musch Uphols	INDUSTRY		ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Harry C. McCafferty				4. (M)	14. MOTHER'S MAIDEN NAME Mary Stevens		
15 (Ye	s. WAS DECEASE	D EVER IN U.S. ARME! (If yes, give war or date	FORCES? 16. SOCIA of service) 216-10-		17. INFORMANT Jeanette Kre	echer, 2233 Henne	man Ave. Balto
FICATION	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TD THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)						
CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
AL	19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY?
MEDICA						give exact location)	
4	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK						
	22. I hereby certify that I attended the deceased from						
2. TI	4A. BURIAL, CON, REMOVAL (S) Burial	REMA 24B. DATE pecify) May 23,	24c. NAME 1951 Baltin	ore Cem	and the same of th	24b. LOCATION (City, town North Ave. & Rose	
D	ATE RECEIVED	BY REGISTRAR	SIGNATURE	alled, Mar	25. FUNERAL DIRE Schimunek Fr		ADDRESS
-	VS 150		. Constitution	6703	3	Tautaut vo.	937

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52B

ВІ	51.	\$603 8-658				ALTH DEPARTME OF DEATH	ENT Register	red No	
1.	NAME OF D	ECEASED RAY	MON	D 2.	75	ROWN	2. DATE. OF DEATH	5-2,	1-51
Α.		City, Maryland				4. USUAL RESIDENCE A. STATE Md.	CE (Where deceased livers)		tion : residence before admission
H	FULL NAME			ion, give street ad	dress or ocation)	c. CITY OR TOWN	(If outside corporate	limits write	RUPAI and win
IN,	ISTITUTION	SINI	91			Baltim		ATTITUS, WITCO	township
Y					Yrs.		(If rural, give locatio	(n)	
	noth of s	tay in Baltimore	30 1	rears	Mos.		shland Avenue	0	1-01
5.	SEX	6. COLOR OR RACE		MARRIED.	Days	8. DATE OF BIRTH	9. AGE (In year		ear   If Under 24 Hours
	19	w	WIDOW	ED, DIVORCED	(Specify)	Oct. 13, 1890	last hirthday	) Months D	ays Hours Min.
10 orl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS	OR	11. BIRTHPLACE (Stat	te or foreign country)		TIZEN OF
L	ocomotiv	e Inspector	Caton F	R. Co.		Roanoke, Vir	ginia	· ·	U.S.
13	. FATHER'S	NAME	14111-			14. MOTHER'S MAIDE	EN NAME		
		Harden Br	rown				unknown		
15 Yes	. WAS DECEASI , no or nnknown)	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES? se of service)	16. SOCIAL SECURITY 212-03-26	696	17. INFORMANT Margaret Brow	m, wife, abov	ADDRES	S
	18. 18	1 X .	Part of the	CA	USE C	F DEATH		INT	TERVAL BETWEEN
	DISEAS	E OR CONDITION		/	D O	0011.00			SET AND DEATH
	(This does	not mean the mode of	TH of dying, e.g	· · · · · · · ·	11	RCINOM	14705	15	
	heart failu	re, asthenia, etc. It mes complication which of	ns the disease	e.					***************************************
					0		Oc X		
,		ANTECEDENT CAUS	ES	(2)	-AR	CINOMA	OF WCAD	DER	IYEAR
5	DISEASES	OR CONDITIONS, I	F ANY, GIVIN	G CUE TO	•••••	***************************************			
-		ING CONDITION LA		IE DUE TO					
2				(C)					••••••
	H <sub>p</sub>	ll ll							
ב	TRIBUTING	IGNIFICANT CONDI	NOT RELATE	D				MADE	
ر		ISEASE OR CONDITION			•••••••••••••••				
ᆡ	APRIL	F OPERATION 1	9B. MAJOR	FINDINGS OF	INDI	TION OSI	ADDER	2	0. AUTOPSY?
اڏ	214 ACCID	ENT WAS UNDER-	218 PLA	CE OF INJURY	(e e in	11.	(If in Baltimore C	ity give eve	es location
7 1		R CONTRIBUTING		arm, factory, street, of			(11 in Datemore o	ity, give cha	ict location)
	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY O	CCURRE	D 21F. HOW DID IN	JURY OCCUR?	TATIS	
			m. V		TWORK				
	22. I herch	y certify that I att	ended the	deceased from	17A	y 17 195/4	· Mag 21 ,	195/ that	I last sam the
	deceased al	ine on MA 121	195/	and that death	h occurr	red at 4:30 Pm., fr	om the causes and	on the data	e etated above
	23A. SIGNA		0/1			B. ADDRESS	11 / 10		DATE SIGNED
	-	Moust	Med	>>/um	. D.	Sunan	1 popula	8 5	21-51
24	A. BURIAL, ON, REMOVAL (S	REMA- 24B. DATE	2	24C. NAME OF C	EMETER	Y OR CREMATORY 2	40. LOCATION (City,	town, or coun	nty) (State)
	Burial	May 25,	1951 H	loly Redee	mer C	emetery 44	30 Belair Rd.	. Balto.	. Md.
DA	TE RECEIVE		150	stanies, H	- /	25. FUNERAL DIRECT			
	WHILEGE	BAR	0 -	1 - 01 - 01 - 0 - 0 - 0 - 0 - 0 - 0 - 0		2601-3-5 E. M	leral home, in	ic.	
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	43 130	9 q d	7	533	5	04 4		5	72B

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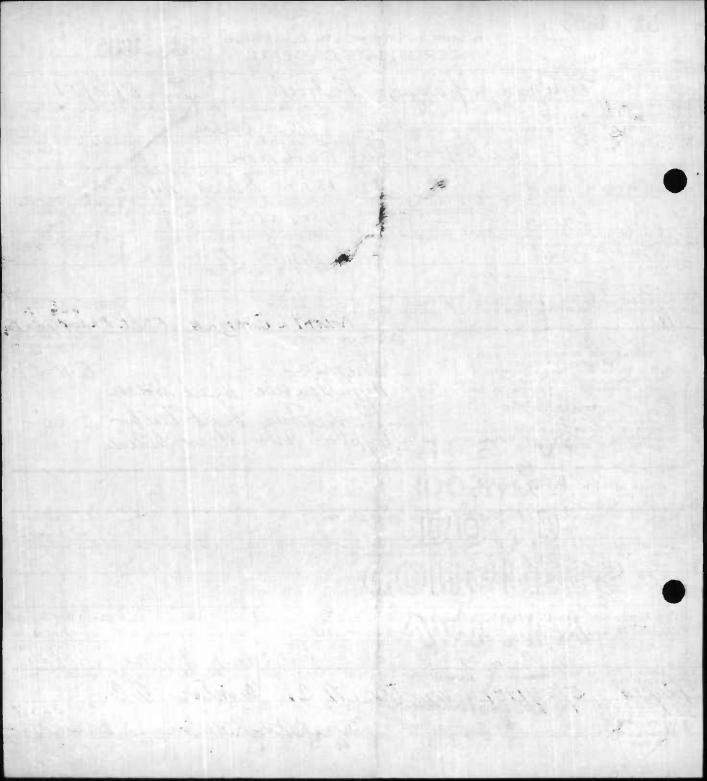
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE 5-20-51 ALBERT BISHOP FIEDLER OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) MD. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR lucation) C. CITY OR TOWN (If outside eorporate limits, write RURAL and give INSTITUTION S. CULVER ST BAKTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. 37 A. CULVER ST. c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (in years If Under I Year last birthday) Months: Days Hours Min. If Under 24 Hours APRIL 27, 1901 MARRIED IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? STATIONARY ENG. Md. NATL. GYPSUM CO. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DUM BROOK! ALBERT FIEDLER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) SECURITY NO. MRS MADELINE FIEDLER -375. CULVER ST. 18. 63 X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION smell been DICA 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 11c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) INJURY OCCUR? ш 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WORK 20 . 195 that I last saw the 22. I hereby certify that I attended the deceased from Charle. 259m., from the causes and on the date stated above. deceased alive on 10, 19, 1951, and that death occurred at 5. 23A. SIGNATURE 23B. ADDRESS 23C/DATE SIGNED 24A. BURIAL, CREM TION, REMOVAL (Specify 24c. NAME of CEMETERY OR CREMATORY 24B. DATE Cathedral Com Butia 5-73-51 Md. Balto. DATE RECEIVED A ADDRESS 28. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE

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Caronena at lang .00 hten bluden - dioder an Broken dout for the - Call of Chees 3 son May 20 5 3321 Audunt 1428 Dr. Man

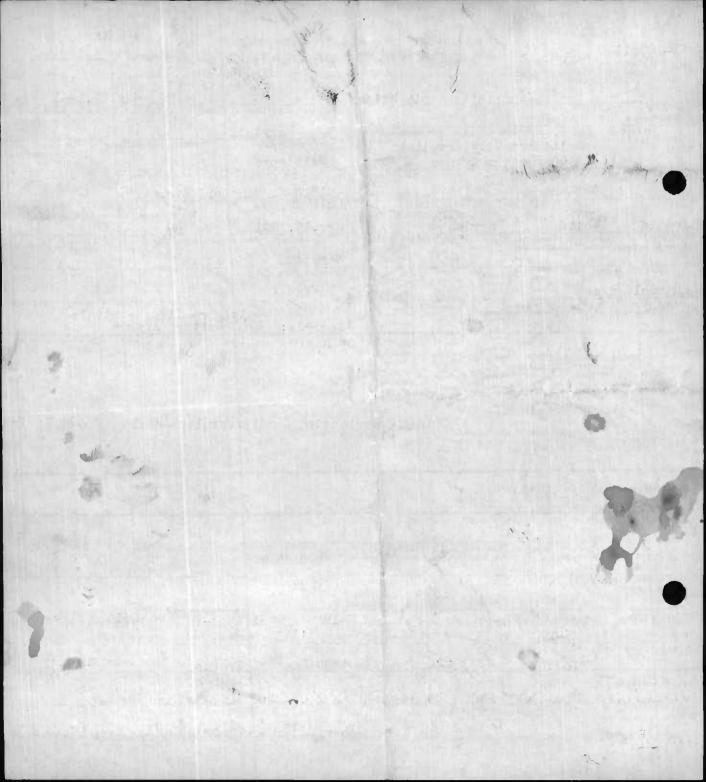
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935



51 4606 BALTIMORE CITY HEALTH DEPARTMENT ND-148611 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Charlotte Marie Weiner May 19.1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR Baltimore City Hospitals location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1940 Eastern Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. ngth of stay in Baltimore 1810 N. Montford Ave. (13) Davs 5. SFX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years if Under I Year If Under 24 Hours last birthday) Months: Days Hours: Min. Female Married Nov.19,1901 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Dare Susan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT Baltimore City Hospitals 4940 Eastern Avenue SECURITY NO. 18. 447X CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Uremia Over 1 (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Hypertensive Cardiovascular Renal Over 10 Yrs DISEASES OR-CONDITIONS, IF ANY, GIVING Disease RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH PID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE 1951 that I last saw the 22. I hereby certify that I attended the deceased from\_ 5-18 19\_51 to 5-19 deceased alive on 5-19 19 51 and that death occurred at 1:15pm., from the eauses and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Avenue M. D. 24A. BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY LOCAL REGISTRAR

1310



5-1-11208	51 4607
BALTIMORE CITY HEALTH DEPARTMEN	ir 2007
51 46070-354 CERTIFICATE OF DEATH	Registered No.
1. NAME OF DECEASED BABY GIRL O' DONNELL	2. DATE OF DEATH MAIL 2/2" 1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland  A. STATE	(Where deceased lived. A institution: residence B. COUNTY before admission)
BAFULL NAME OF (If not in hospital or institution, give street address or location)	aud
Washital In Money of Maryland, c. CITY OR TOWN	(If gutside corporate limits, write RURAL and give township)
c. Oigth of stay in Baltimore  Yrs. Mos. Days  O. STREET ADDRESS	H rural, give location) Roll, 9-0V
S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH	9. AGE (In years If Under I Year II Under 24 Hours Min. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State of INDUSTRY)	or foreign country)  12. CITIZEN OF WHAT COUNTRYS
13. FATHER'S NAME O' DANNELL PARTY DELLE	la, Vanilla
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO.	ADDRESS
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	INTERVAL BETWEEN DNSET ANO OEATH
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	in plocate
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, etreet, office bidg., etc.) INJURY OCCUR?	(If in Baltimore City, give exact location)

CAUSE OF DEATH NO

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

2 to TIME (Month) (Day) (Year) (Hour) WHILE AT

NOT WHILE

, 19 7, that I last saw the that I attended the deceased from 5-22, 1951, to 5-22, 1957, that I last saw the 125 1951, and that death occurred at 125 12m., from the causes and on the date stated above.

22. I hereby certify that I attended the deceased fromdeceased alive on. 23A. SIGNATURE

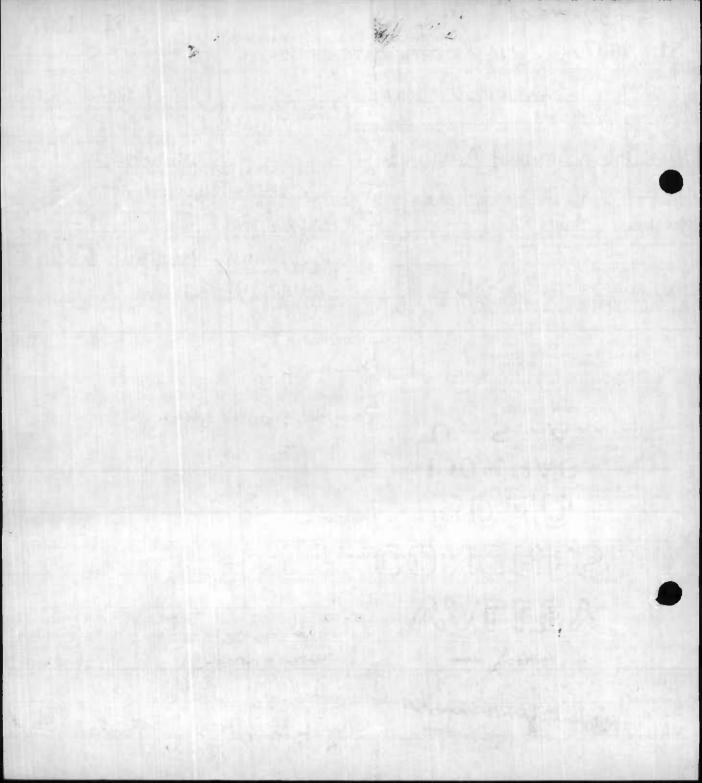
23B. ADDRESS 23c. DATE SIGNED

M. D. 24C. NAME OF CEMETERY OR CREMATORY

OCATION (City, town, or county)

24A. BURIAL CREMA-TION REMOVAL (Specify)

VS 150

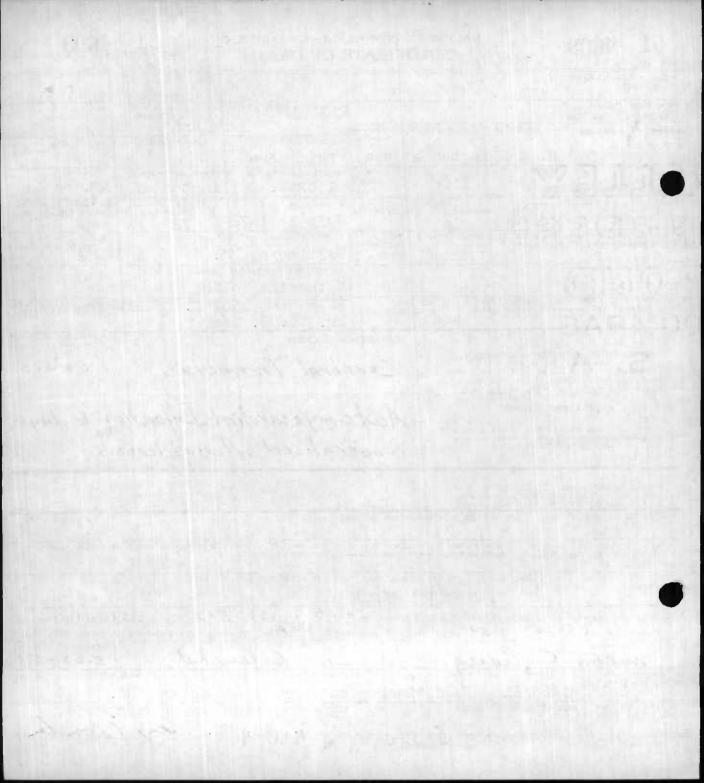


Se approved of chief medical Exam	· une					
BALTIMORE CITY HE	EALTH DEPARTMENT 51 4608					
51. 4608 J- 520 CERTIFICATI						
1. NAME OF DECEASED	2. DATE					
(Type or Print) A my V. Vones (AMY						
S. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence  B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or	C. CITYOR TOWN (If outside corporate limits, write RURAL and give					
HOSPITAL OR Church Itome of Hospila Plocation)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
Yrs.	D. STREET ADDRESS (If rural, give location)					
ength of stay in Baltimore hile Mos.	7526 Horford Road 20107					
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)	04.19 18 19 76					
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY						
13. FATHER'S NAME	Baltimore, Md. USA					
Robert Cannon	Elyabeth Wingate					
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT/526 Harford ROLUTRESS 14					
(Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	Mrs. Reita K. Bramble					
18. £907.0 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0 0					
(This does not mean the mode of dying, e.g., (A)	on de Meuro					
injury or complication which caused death.) DUE TO	S					
Z ANTECEDENT CAUSES	noting left Fermin					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	CERTIFICATION APPROVED BY					
UNDERLYING CONDITION LAST.	111. 1/24/					
[E] (C)	William Upollom. D.					
C OTHER SIGNIFICANT CONDITIONS CON-	CHIEF OR ASST. MEDICAL EXAMINER.					
TO THE DISEASE OR CONDITION CAUSING IT.	RATION   20. AUTOPSY?					
5-14-51 Fraction her						
D HOMICIDE (Specify) about home, farm, factory, street, office bldg.,						
Accident / Jones Signature   Jones   Jones   Jones   Janes   Jones   Janes   J	2/17					
INJURY WHILE AT NOT WHILE	Fall home Bed					
22. I hereby certify that I attended the deceased from 5						
deceased alive on 5 -20, 19 51, and that death occur						
23A. SIGNATURE 1 24	23B. ADDRESS 23C. DATE SIGNED 5-23-J1					
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	1000000					
tion, REMOVAL (Specify) 5/23/51 Loudon Par						
DATE RECEIVED BY   REGISTRAR'S SIGNATURE   25 FUNERAL DIRECTOR ADDRESS						
BALTO, 33, MD. Seage? Junder						
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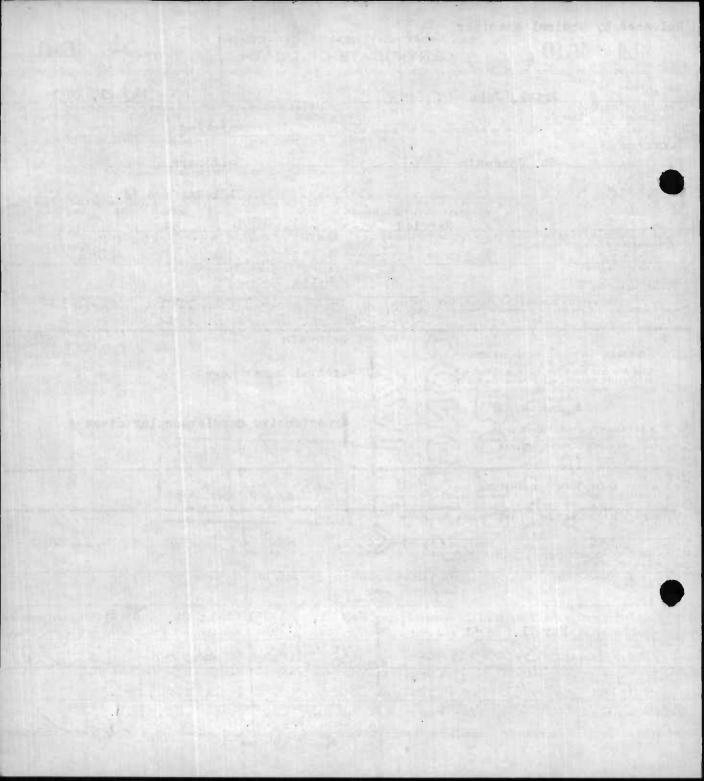
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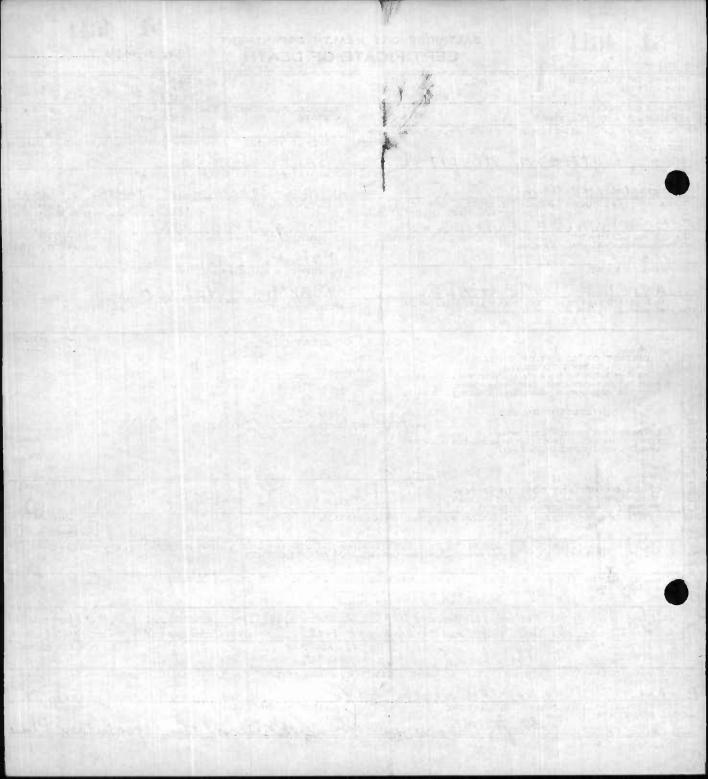
51 46 BIRTH NO.	09 B-	CERTIFICATE		Registered	4609
1. NAME OF DECE (Type or Print)	ASED ARY BAER			2. DATE OF DEATH MAY	7 21 1051
3. PLACE OF DEAT A. Baltimore City,	H: , Maryland		4. USUAL RESIDENCE (\) A. STATE	Where deceased lived.  B. COUNTY	
HOSPITAL OR		al or institution, give street address or location)  ollington Avenue	C. CITY OR TOWN (I	yland foutside corporate lin	mits, write RURAL and give township)
	in Baltimore	Life Yrs. Mos.	Baltimore o. STREET ADDRESS (If 1502 N. Colli		
	COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH July 13, 1878	9. AGE (In years)	71100
10A. USUAL OCCUP	king life, eveo if retired)	INDUSTRY	II. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		at home	Baltimore, Md.		USA
Christian :	Baer		Katherine Wolf	re	
15. WAS DECEASED EX Yes, no or unknown) (I	/ER IN U, S. ARMED f yes, give war or date	of service) 16. SOCIAL SECURITY NO.	Mr. Wm. J. Bac		Approx Avenue
injury or com  ANT  DISEASES OR RISE TO THE A UNDERLYING  OTHER SIGNI	sthenia, etc. It mea plication which c ECEDENT CAUS CONDITIONS, II BOVE CAUSE (A) CONDITION LA	TIONS CON-	emyocardia ralised arte	(Infanti criosclero	ion 6 days
19A. DATE OF O	PERATION 1	98. MAJOR FINDINGS OF OPERA	ATION		20. AUTOPSY?
Š					YES NO
21A. ACCIDENT LYING OR CO CAUSE OF DEA' 21D. TIME (Mon'	NTRIBUTING	218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., et  (Hour) 21E. INJURY OCCURRE  MOT WHILE AT WORK AT WORK	Le.) INJURY OCCUR?		, give exact location)
23A SIGNATURE	TH C. U	ended the deceased from 5- , 1951, and that death occur	2117 Belair	Rd	23c. DATE SIGNED 5-22-51
24A. BURIAL, CREM TION, REMOVAL (Specif burial	A- 24B. DATE 5/23/5	74C. NAME OF CEMETER		ocation (City, tow timore, M	
DATE RECEIVED BY		S SIGNATURE	HENRIFAS ANDERRES		of Sanla
vs 1502191	7 (6.4)	gravialities, Man	4001	1	94a



I	Released b	y Medical					
	54	1040 -	BA	LTIMORE CITY H		TMENT	51. 4010
B	IRTH NO.	AOTO E	1.34	CERTIFICAT	E OF DEAT	H Regist	tered No. 4610
	NAME OF DE	CFASED	V 3 /			2. DATE	
(1	ype or Print)		Tohm	N. Sr.		OF	May 21 1051
3	PLACE OF DE		10 m	N. Br.	I 4. USUAL RESID		May 21, 1951 lived, If institution: residence
Α.	Baltimore Ci	ity, Maryland			A. STATE	B. COU	
	FULL NAME COSPITAL OR	F (If not in hosp	oital or institu	ation, give street address o		Maryland	
118	SKIND KOON				c. CITY OR TOWN	N (If outside corpora	ate limits, write RURAL and give
6	7/18/	St. J	leseph!s	Hosp.		Baltimere	
1	2505		-	Yrs. Mos.	D. STREET ADDR	ESS (If rural, give loca	tion)
C		ay in Baltimore		Days		2131 Harford	Pa 5-6
5.	SEX	6. COLOR OR RAC		E, MARRIED, WED, DIVORCED (Specify	8. DATE OF BIRT	H 9. AGE (In y	ears II Under I Year II Under 24 Hours
	M.	W.		Married	Jan. 21, 18		Months Days Hours Min.
10	A. USUAL OCC	UPATION (Give kind	of 10B. KIN	D OF BUSINESS OR	11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF
WOE	cler	working life, even if retire		lway Express	1 9% % / 0	ь Ma	USA USA
13	FATHER'S N		11017	Tway Empires	14. MOTHER'S MA		UDA
	John A.	Entel			Julia Sch		
_							
(Ye	e, no or unknown)	(If yes, give war or de	ED FORCES?	16. SOCIAL SECURITY, NO.		2131 Harrord	ROADURESS 10
	no			1215-07-5457	Mrs. Thel	ma B. Ertel	
	18. 4U	34 .		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE	OR CONDITION	DIRECTLY				ONSET AND DEATH
	100	LEADING TO DE	ATH		Samples 2		
	heart failure	not mean the mode e, asthenia, etc. It m	eans the disea	use,	erebral heme	rrhage	
	injury or o	complication which	caused dear	th.) DUE TO			
	A	NTECEDENT CAL	USES				
Z				(B)	Hypertensive	cardievascula	ar disease
은	RISE TO TH	OR CONDITIONS, E ABOVE CAUSE (A	) STATING	ING.			
۲	UNDERLYI	NG CONDITION	LAST.	(C)	NOT A MEDICAL	EXAMINER'S CASE	
<b>FICATION</b>				(0)			***************************************
RTIF		II .		(1) TO 10 10 10 10 10 10 10 10 10 10 10 10 10	1.1	1/01	
ER		GNIFICANT CONI			William	LOCATE DAM.D.	
Ü	TO THE DIS	EASE OR CONDITIE	N CAUSING	Іт		CONTRACT OF THE PARTY OF THE PA	
J	19A. DATE OF	OPERATION	19B. MAJO	R FINDINGS OF OPE	RATION		20. AUTOPSY?
Y					14		YES NO X
EDICAL	21A. ACCIDE LYING□ OR CAUSE OF D	NT WAS UNDER- CONTRIBUTING[ EATH		ACE OF INJURY (e. g., e, farm, factory, street, office bldg.		DID (If in Baltimore JR?	City, give exact location)
Σ	21D. TIME (M	Month) (Day) (Yes	r) (Hour)	21E. INJURY OCCURE	ED 21F. HOW DIE	O INJURY OCCUR?	
F	INJURY			WHILE AT NOT WHILE			
			m.	WORK AT WORK			
	22. I hereby	certify that I a	ttended th	e deceased from Ma	y 21, 195	1, to Mat 21	, 19_5] that I last saw the
	deceased ali	ve on May 21	. 19 51	and that death oecu	rred at 8:10pm	., from the causes an	d on the date stated above.
	23A. SGNATE	IRF		0 0	238 ADDRESS	1	23c. DATE SIGNED
	Mado	un s	win	SPC M.D.	4. TOOP	15 /400p.	5/2/151
2	AA. BURIAL, CE	REMA- 248. DATE		24c. NAME OF CEMETI	RY DE CREMATORY	240. LOCATION (Cit	y, town, or county) (State)
114	on, REMOVAL (SP buria		<b>41</b>	Parkwood Ce	meteny	Baltimore,	Na
D	ATE RECEIVED		RIG SIGNAT				TNG ADDRESS
L	CAL REGISTR	AR	M. Ashel	TO THE WOOD WAS A MINER	HENEYERSART	ER SONS,	ING. 7
	VALOR		9	at a file of page and	BALTO., MI	à se	1 / Steader
	VS 150-	15	1 61	39050	400	60 / Y	020
				14010			



51 4611 BALTIMORE CITY HE	EALTH DEPARTMENT X 51 4611
CERTIFICATION CERTIFICATION	
I. NAME OF DECEASED M.	2. DATE
(Type or Print) FLORENCE HAMILTON	OF DEATH 5-22-51
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Md. Battering
INSTITUTION ,	township)
Luthern Hospital Yrs.	D. STREET ADDRESS (If rural, give location)
ngth of stay in Baltimore 5	Apt. D-6. Beech Drive Stansbury Manor
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9 AGE (In years) It linder 1 Year   II linder 24 House
TEMALE White WIdowed	July 19,1880 70
10A. USUAL OCCUPATION (Givekindof Mork done during most of working life, even lf retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY:
13. FATHER'S NAME	Phila. PA.
Daviot I M. C. I	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	MAYTHA HOLDEN
(Yes, no or nnknown) (If yes, give war or detes of service) SECURITY NO.	17. INFORMANT ADDRESS
18. 198.1 CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e. g.,	monary Congestion bilet 96 hrs.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	1 0 0 0 7
O DISEASES OR CONDITIONS, IF ANY, GIVING	peutouel malignant Tuma ?
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED  O TO THE DISEASE OR CONDITION CAUSING IT.	get's Disease ?
, 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
U 214 ACCIDENT SUICIDE 218 BLACE OF INJURY (4 5 1	YES NO L
21A. ACCIDENT, SUICIDE,  HOMICIDE (Specify)  About home, ferm, fectory, street, office bldg., e	
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
INJURY WHILE AT NOT WHILE	그리 경기 보다가 하는 회에서 그렇게 되었다. 내 그리지 않는데 하는데 하는데 하는데 없다.
m.   WORK L AT WORK L	5-21, 1957, to 5-22, 1951, that I last saw the
	rred at 6 m., from the causes and on the date stated above.
	33) ADDRESS 23c. DATE SIGNED
Soule Otherback M.D.	duth Hop y hd 15-22-31
TION, REMOVAL (Specify)	RY OR CREMATORY N24D. COCATION (City, town, or county) (State)
DATE RECEIVED BY I REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS Y
LOCAL REGISTRAR	20 winst mal 1 st pl
WAY 2 1857	conne Us ruchell Tomo 1900 whow Tace
	46 H

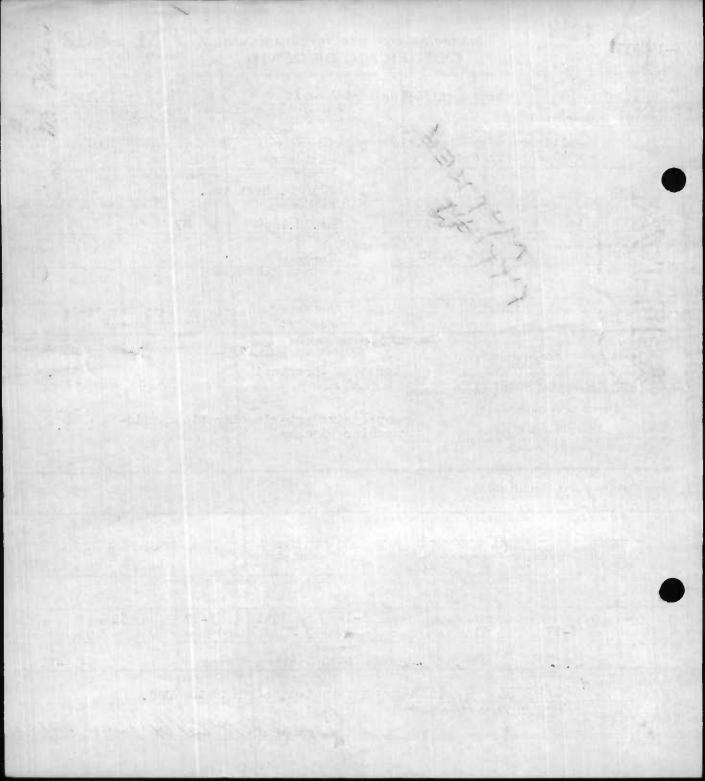


51 4612 ND-148533 BIRTH NO. M-320

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4612 Registered No.

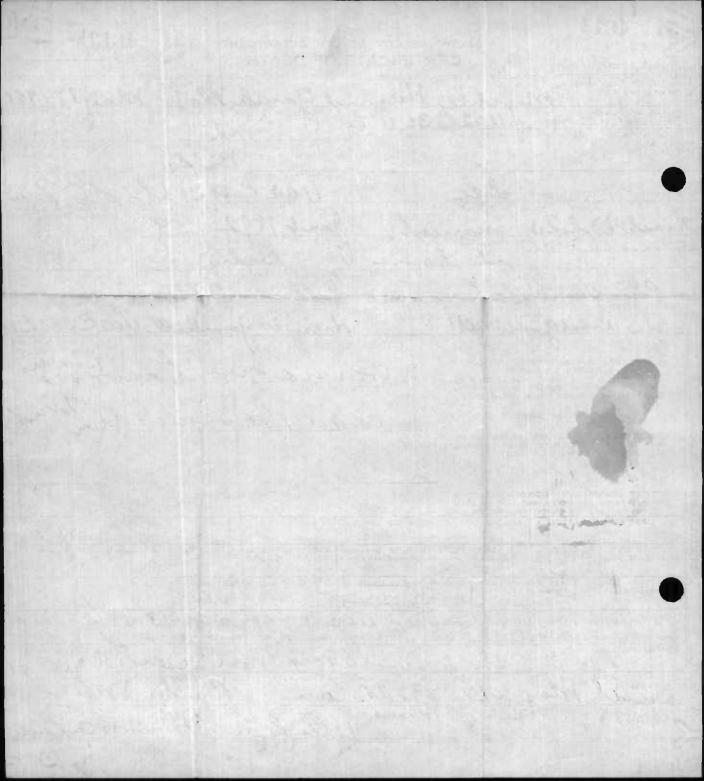
BIRTH NO.	11- JAU					
1. NAME OF DE (Type or Print)		D ~	111		2. DATE OF M	
(Kese		Rose I	Mattheiss (Ma	tthews)	DEATH MAY	19,1951
3. PLACE OF DE A. Baltimore C				4. USUAL RESIDENCE (	Where deceased lived, I B. COUNTY	f institution: residence before admission)
B. FULL NAME O	OF (If not in hospit	al or institut	ion, give street address or	Maryland		
INSTITUTION	Paltimore	olty.	Hospitals location)		If outside corporate lim	its, write RURAL and give township)
- 10	4940 Eas	tern Av		Baltimore		to with the
			Yrs. Mos.	o. STREET ADDRESS (I	- 4	
	ay in Baltimore		Days	218 S. East A		-/0
	6. COLOR OR RACE	7. SINGLE	E. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday) M	If Under 1 Year If Under 24 Hours Ionths: Days Hours: Min.
Female	White	Wi	dowed	Mar.12,1864	87	
10A. USUAL OCC	UPATION (Give kind of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
Tousewor	k	at	home	Germany		WHAT COUNTRY?
13. FATHER'S N	AME			14. MOTHER'S MAIDEN N	NAME	
?		3		?	?	
15. WAS DECEASE	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL	17. INFORMANT Bolt	imore City H	ADDRESS 1.
ros, no or ananown)	(11 you, give wat or date	or service)	SECURITY NO.	-0.10	Eastern Ave	nne
18. 4 4	2 4		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEAS	E OR CONDITION	DIRECTLY		o. DEMIN		ONSET AND DEATH
	LEADING TO DEA not mean the mode	TH	Cerebr	al Thrombosis		2 Wks.
heart failur	e, asthenia, etc. It mea	ns the disease	e.		***************************************	
mjury or	complication which o	aused death	.) OUE TO			
	ANTECEDENT CAUS	ES	Hymerter	sive arterioscle	motic condic	Over
DISEASES	OR CONDITIONS, I	ANY, GIVIN	G Wagenla	r Dicease	I do le cal a le	I I Ir.
RISE TO TH	IE ABOVE CAUSE (A)	STATING TH	E OUE TO	12 - 1503,50		
			(C)	***************************************	***************************************	
	П					
	GNIFICANT CONDI					
TO THE DI	TO THE OEATH, BUT SEASE OR CONDITION	CAUSING IT	Г			
19A. DATE OF	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
						YES NO
21A. ACCIDE LYING OR CAUSE OF D	ENT WAS UNDER- CONTRIBUTING DEATH	21B. PLA about home, fo	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE DID	(If in Baltimore City,	give exact location)
TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	D 21F. HOW DID INJUR	Y OCCUR?	
NJURY		m.	WORK NOT WHILE			
22. I hereby	certify that I att	ended the	deceased from 5-	16 1951 to	5-19 19	54 that I last saw the
deceased ali	ve on 5-19	19 51	and that death occur			the date stated above.
23A. SIGNAT	URE /			3B. ADDRESS	the causes and on t	23c. DATE SIGNED
	Cf.S.	CSO	5 an M.D.	4940 Eastern Ave	nue	5-19-51
24A. BURIAL, C	REMA- 24B. DATE	92	24c. NAME OF CEMETE	RY OR CREMATORY   240, L	OCATION (City, town	n, or county) (State)
Burial	5/23/	'51. L	Baltimore	Cemetery N	orth Ava.	
DATE RECEIVED	BY   REGISTRA	130		25. EUNERAL DIRECTOR		ADDRESS_
MAY 23	1351		e prospeto.	(lange) 79	nc/ ///	30 Frontae
VS 150		7 4		Junea (L.)1	uney 1	المال الم
A2 120				//	//	



	51 4613	BALTIMORE CITY HE	ALTH DEDARTMENT	51 4613	?
ВІ	RTH NO. 1-516	CERTIFICATE		Registered No.	
(T	NAME OF DECEASED Mype or Print)	The Hazas	d gambil	2. DATE OF Ma	191951
A.	PLACE OF DEATH: Baltimore City, Maryland	102 C 36 Oth	A. STATE	ere deceased lived. If instit B. COUNTY	before admission)
H	FULL NAME OF (If not in host fall or in DOSPITAL OR STITUTION	institution, give street address or location)	c. CITY OR TOWN (If or	itside corporate limits, wri	ite RURAL and give township)
c.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If ru	ral, give location)	159-03
5.	emale White	SIAGLE, MARRIED, VIDOWED, DIVORCED (Specify)	Jan 6 1892	9. AGE (In years if Under last birthday) Months	Days Hours Min.
10 work	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	BIRTHPLACE (State or fore		CITIZEN OF WHAT COUNTRY?
13	Charles Holi	Thans	Lellean O.	Th	
15 (Yes	, WAS DECEASED EVER IN U. S. ARMED FOR no or unknown)  Aco If yes, give war or dates of ser	CES? 16. SOCIAL SECURITY NO.	Harry W gon	hell 1102	
	180 420.1	CAUSE	OF DEATH	1-1	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dyi heart failure, asthenia, etc. It means the injury or complication which caused	ing, e.g., (A)	mody	thank	100 des
-	ANTECEDENT CAUSES	1360	s desort so	ought	1 deants
CATION	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.				
ERTIF	n e	(C)			
CER	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	RELATED			
	19A. DATE OF OPERATION 19B. M	MAJOR FINDINGS OF OPERA			20. AUTOPSY?
MEDICAL		IB. PLACE OF INJURY (e. g., in at home, farm, factory, street, office bldg., et	tc.) INJURY OCCUR?	in Baltimore City, give of	exact lbeation)
	TIME (Month) (Day) (Year) (Houndle NJURY	r) 21E. INJURY OCCURRE WHILE AT NOT WHILE	D 21F. HOW DID INJURY	OCCUR?	
	22 I handle soutifully that I stand	m. WORK AT WORK		ay 1.9, 195/, th	nt I last says the
	22. I hereby certify that I attende deceased alive on 1719.	41. and that death occurr	red at 7 Pm. from the	causes and on the de	
	23A. SIGNATURE		3B. ADDRESS 9907 Plan		C. DATE SIGNED
710	Durid May 25	457 Balto	Commentary 245. Log	ATION (Gity, town, or ed	ounty) (State)
DA	ATE RECEIVED BY REGISTR RIS SI	STATUSE / Nothanus , M.	5. FUNERAL DIRECTOR	ALL ADI	DRESS

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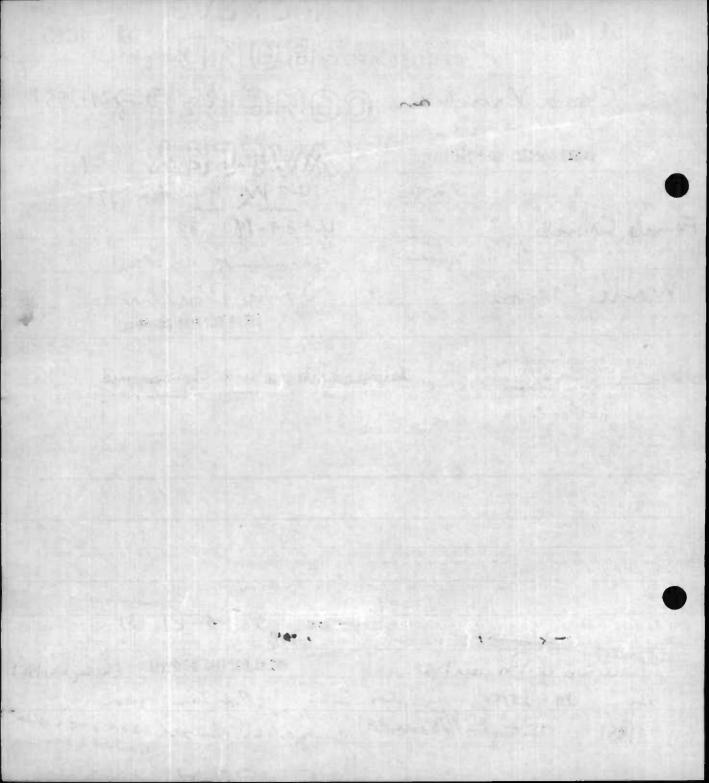
51 4614			FA	1011
525	BALTIMORE CITY HI	EALTH DEPARTMENT		. 4614
BIRTH NO. 3 / - 61059	CERTIFICAT	E OF DEATH	Registered N	
1. NAME OF DECEASED (Type or Print)	amer Ja	hnsow.	2. DATE OF DEATH	oy 22/957
3. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDENCE		institution : residence before admission)
B. FULL NAME OF (If not in hospital or inst HOSPITAL OR INSTITUTION	itution, give street address or location)	c. CITY OR TOWN	f outside corporate limits	, write RURAL and give
marry Ho	spilal.	Ballin	pore 12	6-0 Ztownship
c. ogth of stay in Baltimore	Life Mos. Days	4200 /	rugal, give location	ol.
100	GLE, MARRIED, DOWED, DIVORCED (Specify)	Hay 18 5	9. AGE (in years last birthday) Mo	Under 1 Year nths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPUNCE (State or )	oreign country)	12. CITYZEN OF WHAT COUNTRY
18. FATHER'S NAME	son.	14. MOTHER'S MAIDEN	R. Ly	uch.
(15) WAS DECEASED EVER IN U. S. ARMED FORCE: (You, no or unknown) (If you, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANTA	UA	DDRÉSS
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the di injury or complication which caused do  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	e. g., (A) Sease, seath.) Due TD	lerctania and or Ako habo-pelvic a lercetebral eventricular sept	l damag blasm. Lyproporti Neoplasm	INTERVAL BETWEEN DNSET AND DEATH
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REI TO THE DISEASE OR CONDITION CAUSIN	ATED HOURS	Conquital,	Heart Die	
19A DATE OF OPERATION 19B MAJ	OR FINDINGS OF OPER	ration U		YES NO
	PLACE OF INJURY (e.g., i		If in Baltimore City, g	ive exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR		Y OCCUR?	
m	. WORK TWORK	14 22 - 17	) h.a. 20 C	7
deceased alive on 22 19 \$	Le deceased from	19-51, to	the causes and on the	, that I last saw the
23X SIGNATURE Karkell Ka	1/2   2	3B ADDRESS	Kosp	230. DATE SIGNED
244 BURIAL CREMA- 24B. DATE TION REMOVAL (Specify) May 23 57		AY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGN.	TURE Villians, M. 2	25. DUNERAL DIRECTOR	aun 606;	HOURS
VS 150	m mad haprophy of	74 5 0 0		157E

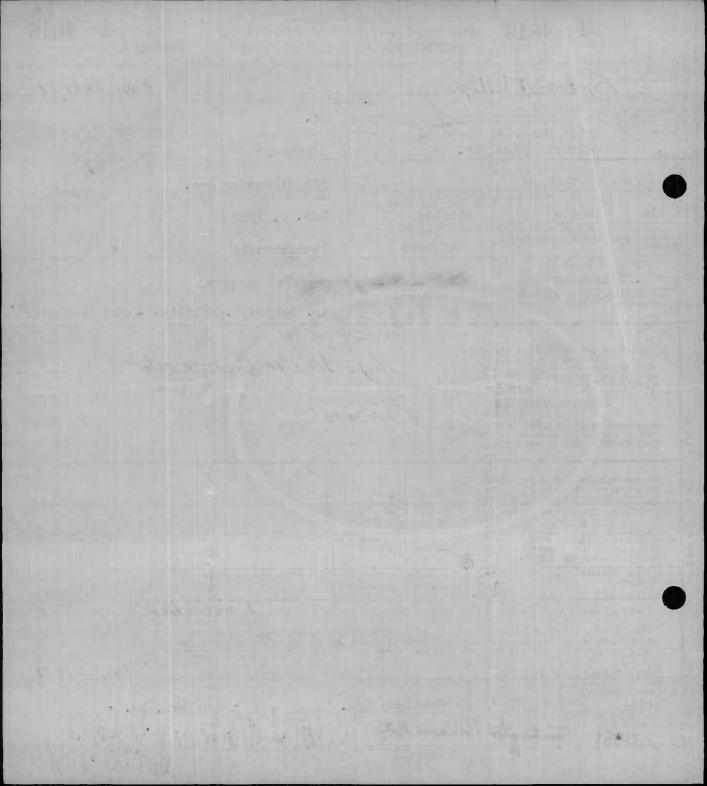
See Document File 51-4614 8/15/51 When autops fruiting. and available may me be advised whether we lean been correct in assigning the underlying cause of death to the intercedent neoplara, please? also, if finding pione neoften, may we live the but loquid type, please?

#### BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

51 4615 Registered No.

BIRTH NO.	L OI DEATH
1. NAME OF DECEASED (Type or Print)	2. DATE OF DEATH MON 2), 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, I) institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION  WHIS AOPLIES 1032771)	
c. Ongth of stay in Baltimore  3 2 ym  Mos. Days	D. STREET ADDRESS (If rural, give location) 142 W. Mosher 54.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH  19. AGE (In years it Under I Year last birthday)  10. AGE (In years it Under I Year last birthday)  10. AGE (In years it Under I Year last birthday)  10. AGE (In years it Under I Year last birthday)  10. AGE (In years it Under I Year last birthday)  10. AGE (In years it Under I Year last birthday)
10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT HOLES TOPPILE TOSPITAL
DISEASE OR CONDITION DIRECTLY	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	YES NO
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	
TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURR  WHILE AT NOT WHILE AT WORK	
deceased alive on 5-21, 1951, and that death occur	5-20, 1957, to 5-21, 1951, that I last saw the rred at 650 m., from the causes and on the date stated above.
Serenial a Barondell, M.D.	HOMES HOPKIES MOSPITEL MEGGE 22, 1951
24A. BUMIAL. CREMA- TION, REMOVAL (Specify)  24B. DATE  24C. NAME OF CEMETE  Cubulus	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE AND AN 231351	25. FUNERAL DIRECTOR ADDRESS Cullet
VS 150	O Gast





#### 51 4617

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered	Ma	
registereu	110	 

D	KIH NO.							
	NAME OF D ype or Print)	ECEASE	ED	ELIZAB	ETH MINNICK		2. DATE OF DEATH	May 21. 1951
Α.	Baltimore C	City, M	aryland			4. USUAL RESIDENCE A. STATE Md •	(Where deceased lived, I B. COUNTY	
B. H	FULL NAME OSPITAL OR ISTITUTION	Moth	odiat Uo	al or institut	ion, give street address or location)	c. CITY OR TOWN	(If outside corporate limi	ts, write RURAL and give
IN	STITUTION	2211	M Page	He Tor	cue vaer		2.7-	township)
	0	2211	W. Roge	rs Ave.	Yrs.	Baltimore o. STREET ADDRESS	(If rural, give location)	/ 3
-	moth of si	tore in	Poltimore		Mos.			
	Length of st		OR OR RACE	7. SINGLE	Days Days	8. DATE OF BIRTH	9. AGE (ln years)	If Under 1 Year   If Under 24 Rours
4	female	whi	te	WIDOW	ED, DIVORCED (Specify)	Ann 0 1066	last birthday) M	onths Days Hours Min.
10	A. USUAL OC	CUPATI	ON (Givekind of	Singl	OF BUSINESS OR	Apr. 8, 1866	or foreign country)	12. CITIZEN OF
wor	k done during most o			Deals	INDUSTRY	Manual and		WHAT COUNTRY
13	S. FATHER'S N		eacher	Pub	lic Schools	Maryland 14. MOTHER'S MAIDEN	NAME	
			Madan W	and ala	15 514 6 11			
15	. WAS DECEASE		Mirian Mi		16. SOCIAL	Annie Maben		
(Ye	s, no or unknown)	(If yet	s, give war or date	of service)	SECURITY NO.	17. INFORMANT		ADDRESS
					-		Fisher - 2211	
	18. 42	21	1		CAUSE	OF DEATH		ONSET AND DEATH
	DISEAS		CONDITION NG TO DEAT		mari.	1 1	1 1 ·	2/3
	(This does	not me	an the mode onia, etc. It mea	f dying, e. g	(A)	anay ,	Child for the Court	the Lawy
	injury or	complic	ation which c	aused death	.) OUE TO			/
		ANTEC	EDENT CAUS	ES	17	1 . 1	_ /	
Z					(B) WI	eno sele	rozes	2040
FICATION			ONDITIONS, II					
A	UNDERLY	ING C	ONDITION LA	ST.	(C)			
0					***			
ERTI	OTHERS	IGNIEI	II CANT CONDI	TIONS CON				
F	TRIBUTING	TO THE	E OEATH, BUT	NOT RELATE	.D			
U	19A. DATE O	-	RATION - 1 1		FINDINGS OF OPER	ATION		20, AUTOPSY?
AL				00				YES NO
EDICAL	21A. ACCID			21B. PLA	CE OF INJURY (e.g., in	or 21c. WHERE DID	(If in Baltimore City,	
MED	CAUSE OF	DEATH	RIBUTING		arm, factory, street, office bldg., e			
	D. TIME (	(Month)	(Day) (Year)		21E. INJURY OCCURRE	ED 21F. HOW DID INJ	URY OCCUR?	
				m.	WHILE AT NOT WHILE			
	22. I hereb	y certi	fy that I att	ended the	deceased from Chip	cif 15, 1951, to	May 21, 195	L, that I last saw the
						red at 1150 Pm., fro		
	23A, SIGNAT		-1	11		3B. ADDRESS	, U	23c. DATE SIGNED
			Red	hung	MILLIAM M. D.	8002334	d St-	5-22-51
2. TI	4A. BURIAL, CON, REMOVAL (S	CREMA-	24B. DATE	0	24c. NAME OF CEMETE	RY OR CREMATORY 24	o. LOCATION (City, town	n, or county) (State)
	Burial		5/24/51		Loudon Park	Cem.	Balto. Md.	
	ATE RECEIVE		REGISTRAR'	SIGNATU	IRE.	25. FUNERAL DIRECT	37 . 1.	ADDRESS
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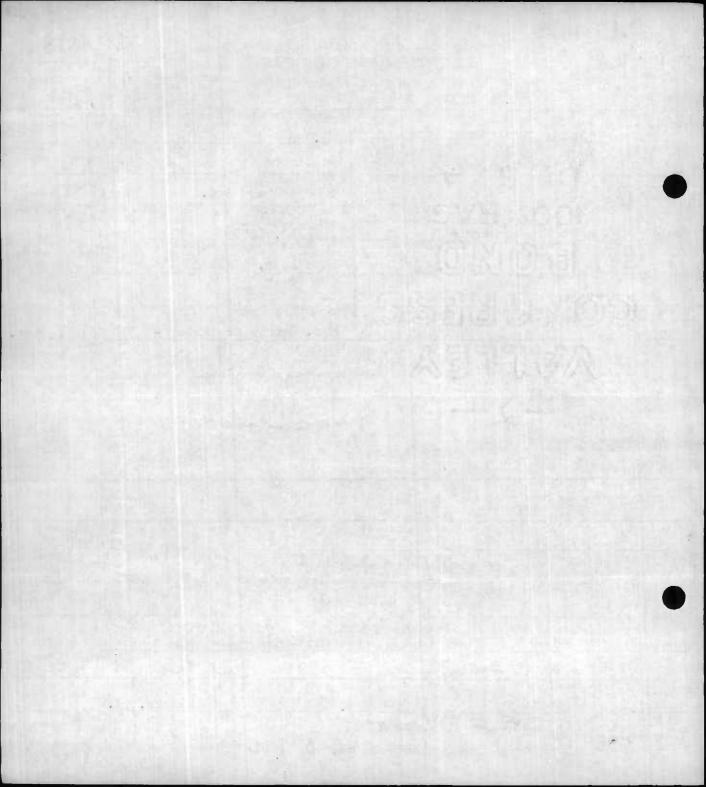
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4618 Registered No.

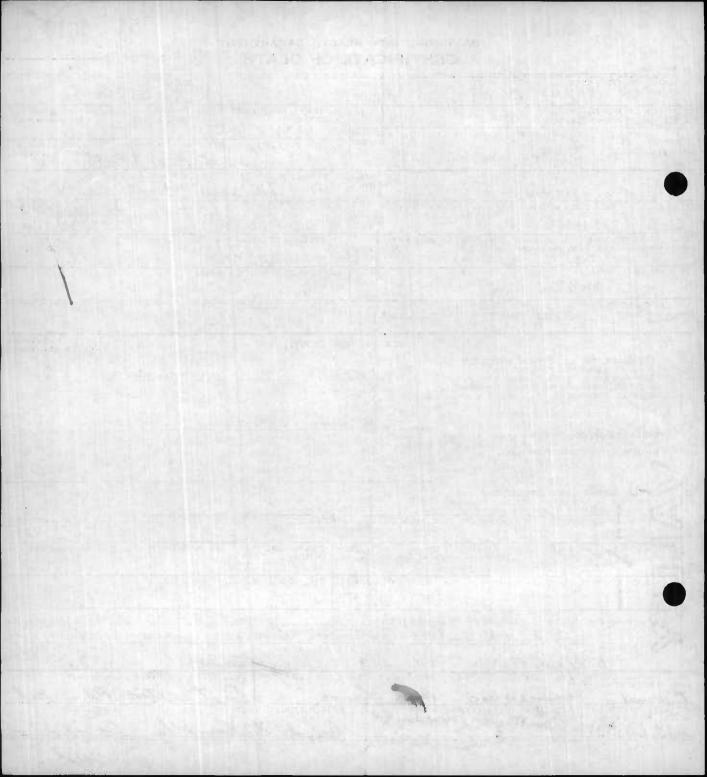
A FULL NAME OF (If not in hospital or institution, give street address or location)  HOSPITALOR  6006 Eastern Ave.  Yra.  6006 Eastern Ave.  Yra.  6006 Eastern Ave.  Yra.  6006 Eastern Ave.  Yra.  6006 Eastern Ave.  SEX  6. COLOR on RACE  7. SINGLE: MARRIED.  WHOWED DIVORCED (speedy)  MID WED DIVORCED (speedy)  MID USUAL OCCUPATION (Give/sloid)  10a. USUAL OCCUPATION (Give/sloid)  10b. RIND OF BUSINESS OR  INDUSTRY  Shipbuilding  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY  WHAT COUNTRY  Shipbuilding  14. MOTHER'S MANE  15. MAS DECEASED EVER IN U. S. RMED FORCES?  Yra. Boo nakooms)  16. SOCIAL  This does not complication which caused death.)  DISEASE OR CONDITIONS IN FANY, SIVING  BIS TO THE ABOVE CAUSE (A) STATING THE  UNDERLYING CONDITION LAST.  (A)  OTHER SIGNIFICAN CONDITIONS CON-  TRIBUTING TO THE GRAYN, BUT NOT REALING TO THE GAUSH, BUT NOT REALING TO THE GRAYN, BUT NOT REALING TO THE GRAYN AND BUT TO THE DELAKE OR CORPOTION CAUSING IT.  19A. ACCIDENT WAS UNDER CALL THE GRAYN AND CALL THE GRAY	01				
A Baltimore City, Maryland  B. FULL NAME OF (Affact in hospital or institution, give street address or location)  B. FULL NAME OF (Affact in hospital or institution, give street address or location)  B. FULL NAME OF (Affact in hospital or institution, give street address or location)  B. FULL NAME OF (Affact in hospital or institution, give street address or location)  B. FULL NAME OF (Affact in hospital or institution, give street address or location)  B. FULL NAME OF (Affact in hospital or institution)		* To . * A\	AMES CREIGHTON		05
C. L'ANDER OF STATE					Where deceased lived. If institution: residence
C. Dength of stay in Baltimore  S. SEX  S. COLOR OR RACE  Millow Millower, Divorced (Seeding)  Months Days  B. DATE OF BIRTH  S. ACE (In years)  Months Days Hours Min.  Mathita Millower, Divorced (Seeding)  Months Days Hours Min.  Min.  Months Days Hours Min.  Months Days Hours Min.  Min.  Min.  Months Days Hours Min.  Min.  Min.  Min.  Months Days Hours Min.  M	H	OSPITAL OR	location	c. CITY OR TOWN (I	f outside corporate limits, write RURAL and give township
Days  Sex  Male  Mhits  Married  Midwillowed  Monthis Days  Seed (In year of liet birthday)  Monthis Days  Monthis	-	. 0000 128,50	Yrs.		
male white married parties par			Days	all cood gastern R	
10. SUSAL OCCUPATION (Granded)  10. KIND OF BUSINESS OR INDUSTRY School does dening motor working (file year)  Capponter  13. FATHER'S NAME  John Creighton  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If year) of calculation of the process of candidate of the process of candidate of service)  16. SOCIAL SCHOOL (If year) of the process of the proces			WIDOWED, DIVORCED (Specif	у)	9. AGE (In years last birthday) Months Days Hours Min.
13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yee, give was or dates of service)   16. SOCIAL SECURITY NO.   17. INFORMANT   Mrs. Jennie Creighton - 6006 Eastern Ave   18.	10	A. USUAL OCCUPATION (Give kind of	10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or	WHAT COUNTRY
John Creighton  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (708, 800 or naknown)  (15. WAS DECEASED EVER IN U.S. ARMED FORCES? (708, 800 or naknown)  (16. SOCIAL SECURITY NO.  Mrs. Jennie Creighton - 6006 Eastern Ave  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. R. heart failure, atheria, etc. it means the disease, injury or complication which caused death.)  DUE TO  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED  OTHER SIGNIFICANT CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., etc.)  21A. ACCIDENT WAS UNDER 21A. ACCIDENT WAS UNDER 21A. ACCIDENT WAS UNDER 21A. ACCIDENT WAS UNDER 31D. ALTE OF OPERATION 193 MAJOR FINDINGS OF OPERATION  22A. ACCIDENT WAS UNDER 31D. ALTE OF OPERATION 21E. INJURY OCCURRED  NOT WHILE AT NOT WHIL	-		Shipbuilding		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, BOO or DeLaborer)  (15. WAS DECEASED EVER IN U.S. ARMED FORCES?) (16. SECURITY NO. Mrs. Jennie Creighton - 6006 Restern Ave Mrs. Jennie Creighton - 60	13			14. MOTHER'S MAIDEN N	IAME
18. Jennie Creighton - 6006 Eastern Avo  DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart fallur, stehnie, steening, etc. Intended the disease, injury or complication which caused death,)  DUE TO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONDITIONS OF OPERATION  20. AUTOPSY?  YES NO  ANALOG OR CONTRIBUTING About home, farm, fustory, street, difficulty, c.g., in or 2 Lic. WHERE DID INJURY OCCURRED INJURY OCCURRED INJURY OCCURRED INJURY OCCURRED INJURY OCCURRED INJURY OCCUR?  IT IMM (Month) (Day) (Year) (Hour)  21. It hereby certify that I attended the deceased from Work I ATWORK AND	15	. WAS DECEASED EVER IN U. S. ARMED	FORCES?   16. SOCIAL	17 INFORMANT	ADDRESS
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. R., heart failure, astenia, etc. it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  OTHER SIGNIFICANT CONDITION CAUSING IT.  19. DATE OF OPERATION  19. DATE OF OPERATION  19. DATE OF OPERATION  19. DATE OF OPERATION  21a, ACCIDENT WAS UNDER LABOUT CAUSE (B) SHADOR FINDINGS OF OPERATION  21b, MAJOR FINDINGS OF OPERATION  1NJURY OCCUR?  21c, WHERE DID (If in Baltimore City, give exact location)  1NJURY OCCUR?  21c, How DID INJURY OCCUR?  21c, How D	Ye	(If yes, give war or dates	of service) SECURITY NO.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS OF OPERATION  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION   20. AUTOPSY?  21A. ACCIDENT WAS UNDER   21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING of DEATH   21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING of DEATH   21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING of DEATH   21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING of DEATH   21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING of DEATH   21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING OR CONTRIBUTING of DEATH   21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBUTING OR CONTRIBUTION OR CONTRI	ICATION	heart failure, asthenia, etc. It mean injury or complication which complication which complete the complete that the com	ns the disease, aused death.) DUE TO  SES  F ANY, GIVING STATING THE DUE TO  ST.	Myoconditis	
21a. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21a. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give exact location)  INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f. I hereby certify that I attended the deceased from work of the date stated above a deceased alive on way 1, 19 51, and that death occurred at Am., from the causes and on the date stated above 23a. SIGNATURE  23a. SIGNATURE  23b. ADDRESS  23c. DATE SIGNED (State)  23c. DATE SIGNED (State)  23c. DATE SIGNED (State)  24b. LOCATION (City, town, or county) (State)  DATE RECEIVED BY CALL OF THE CORE ADDRESS  DATE RECEIVED BY COCAL REGISTRAR  MAY 23151	CERTIF	OTHER SIGNIFICANT CONDITERING TO THE DEATH, BUT I	NOT RELATED		
21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)   21C. WHERE DID INJURY OCCUR?    21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.)   21C. WHERE DID INJURY OCCUR?    21A. ACCIDENT WAS UNDER about home, farm, farctory, street, office bldg., etc.)   21C. WHERE DID INJURY OCCUR?    21A. How DID INJURY OCCUR?    21A. How DID INJURY OCCUR?    22A. In that I attended the deceased from while at work at wor	AL	19A. DATE OF OPERATION	98. MAJOR FINDINGS OF OPE	ERATION	
WHILE AT WORK AT WORK  22. I hereby certify that I attended the deceased from 29 1951, to 1951, that I last saw the deceased alive on 1951, and that death occurred at 1951, from the causes and on the date stated above 23A. SIGNATURE  23A. SIGNATURE  24A. BURIAL, CREMA- 24B. DATE  10N, REMOVAL (Specify)  Burial  24B. DATE  24B. DATE  24B. NAME of CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)  25 FUNERAL DIRECTOR  MAY 23151  AT WORK  Not while At work  29, 1951, to 1951, that I last saw the deceased alive on the date stated above 23B. ADDRESS  23C. DATE SIGNED  24D. NAME of CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)  State)  Burial  AT WORK  AT WORK  AT WORK  29, 1951, to 1951, that I last saw the deceased alive on the date stated above 23B. ADDRESS  25 FUNERAL DIRECTOR  MAY 23151	MEDIC	LYING OR CONTRIBUTING CAUSE OF DEATH	about home, farm, factory, street, office bldg	.,etc.) INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 29, 1951, to 20, 1951, that I last saw the deceased alive on 23, 1951, and that death occurred at 22 Am., from the causes and on the date stated above 23A. SIGNATURE  23A. SIGNATURE  23B. ADDRESS  23C. DATE SIGNED  24A. BURIAL. CREMA- 24B. DATE  12AD. NAME OF CEMETERY OR CREMATORY  24D. LOCATION (City, town, or county)  24D. Baltimore, Md  25 FUNERAL DIRECTOR  MAY 23151  25 FUNERAL DIRECTOR  MAY 23151	į		WHILE AT NOT WHIL	.E	Y OCCUR?
24A. BURIAL. CREMA- TION, REMOVAL (Specify) Burial  DATE RECEIVED BY LOCAL REGISTRAR  MAY 23 1951  24B. DATE  24D. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)  (State)  Baltimore, Md.  ADDRESS  MAY 23 1951		deceased alive on May 4	ended the deceased from the first and that death occur	urred at 122 Am., from	23c. DATE SIGNED
DATE RECEIVED BY LOCAL REGISTRAR SIGNATURE AND ANALY 23 1951	2. TI	ON, REMOVAL (Specify)		ERY OR CREMATORY 24D.	(_)
MAY 231951	_		51 Oak-lawn C	em.	
VS 150	L	OCAL REGISTRAR	itte for Hilliams, M.E.	25 FUNERAL DIRECTOR	planer Jans
	_	VS 150	The state of the s	34	22 = Bulto Mid.



#### BALTIMORE CITY HEALTH DEPARTMENT

51. 4619

-	7 60 0			CERTIFICATI	E OF DEATH	Registered	No.
В	RTH NO.	1					
	NAME OF Di	00000	SIRL	MATUSICY		2. DATE OF DEATH 5	22-51
	PLACE OF DI Baltimore C	EATH: City, Maryland			4. USUAL RESIDENCE (	Where deceased lived.  B. COUNIY	If institution: residence before admission)
B.	FULL NAME O		tal or instituti	ion, give street address or location)	MARYLAN		alteneres
	CTITLION	1 lbs not al	5	iocation)		X # 21	nits, write RURAL and give
		1. Hospital	2	Yes	D. STREET ADDRESS (If		Dalumol
C.	ength of st	tay in Baltimore	みん	Mos. Days		vare av E.	Easex ) 5
5.	SEX	6. COLOR OR RACE		E. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE iln years	If Under 1 Year   It Under 24 Hours Months: Days Hours Min.
_	GIRI	WHITE			5-20-51		2/days
10 worl	A. USUAL OCC	CUPATION (Give kind of f working life, even if retired	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or 1		12. CITIZEN OF WHAT COUNTRY
10		NEANT			MARYLAN		USP
13	FATHER'S N	matush			14. MOTHER'S MAIDEN N	IAME	
1.5	WAS DECEASE	D EVER IN U. S. ARME		16. SOCIAL	mey.		
(Ye	,(no or unknown)	(If yes, give war or date	es of service)	SECURITY NO.	17. INFORMANT	0	ADDRESS
						~	INTERVAL BETWEEN
	18. 760	1,5		CAUSE	OF DEATH		ONSET AND DEATH
	DISEAS	E OR CONDITION		>			
	(This does	not mean the mode	of dying, e. s	(A) 0 1 N T	PACAANIAL	HEMOYPA	300
		re, asthenia, etc. It me complication which					
		ANTECEDENT CAU	eFc .				
Z		MITTEDEDENT CAO	323	(B) VVEC	MATURITY		
0	DISEASES	OR CONDITIONS,	F ANY, GIVIN				***************************************
A	UNDERLY	ING CONDITION L	AST.	TE DOE TO	NIES IE EIGNE		
RTIFICATION							
E		11	Million V	(C)			
ш	TRIBUTING	IGNIFICANT COND	NOT RELATE	ED .			
O.		F OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
AL							YES NO
EDICAL	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)		CE OF INJURY (e. g., in arm, factory, atreet, office bldg., e		If in Baltimore City	, give exact location)
ME							
ľ	INJURY	Month) (Day) (Year		21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
			m.	WORK LATWORK			
	22. I hereby	y certify that I at	tended the	deceased from 5 - c	20 , 1951, to 5	- 32 - , 19	51, that I last saw the
	deceased al	ive on 2-dd			red at 2:45 Pm., from		
	23A. SIGNAT	Dild	080	2	11 ( Los wita	2	23c. DATE SIGNED
24	A. BURIAL, C	REMA- A4B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY   24D. L	OCATION (City, tow	n, or county) (State)
1	3 urus	man 1	4-1951	Oak La	une La	stern ave	. RI. ml.
D	ATE RECEIVED	BY   REGISTRAR		FILL WAR	25. FUNERAL DIRECTOR		ADDRESS
1	MAY 231	51	water !	ANY BERNEY LINES	Asket XX	anelle.	Essex 21-
=	VS 150	Contrary.	(水水)	HE CONTOC HARMINGA.		7	
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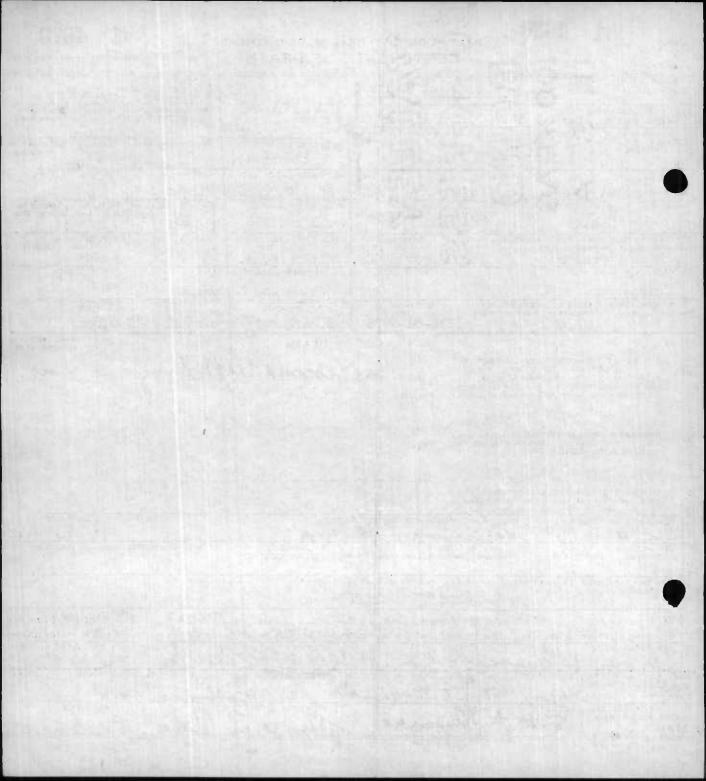


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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 - 4620

Registered No\_ BIRTH NO. I. NAME OF DECEASED 2. DATE (Type or Print) DEATH May 22,1951 John J. Baranowski (Baron) 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 3417 O, Donnell Street A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF location HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION At Home township) Baltimore 24. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 3417 O.Donnell Street cength of stay in Baltimore Life Days 9. AGE (In years N Under 1 Year II Under 24 Hours last birthday) Months Days Hours Min. 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) MARTIED 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH Ma.le White April 14,1896 IOA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Machine Operator National Brewing Co. Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Katherine Laskowski Joseph Baranowski 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO 216-01-6998 ww Mrs.Margaret Baranowski 3417 O.Donnell St NTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY Carcinoma Left Fring LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION DICAL (e. g., in or 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! and that death occurred at 12 46 A.m. from the dayses and 1911, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on Mes 22 . 195 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE BURIAL, CREMA-REMOVAL (Specify) 24c. NAME OF CEMETERY LOCATION (City, town, or county) 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Y 231951



24c. NAME OF CEMETERY OR CREMATORY

FUNERAL

DIRECTOR

24A. BURIAL, CREMA-

DATE RECEIVED BY

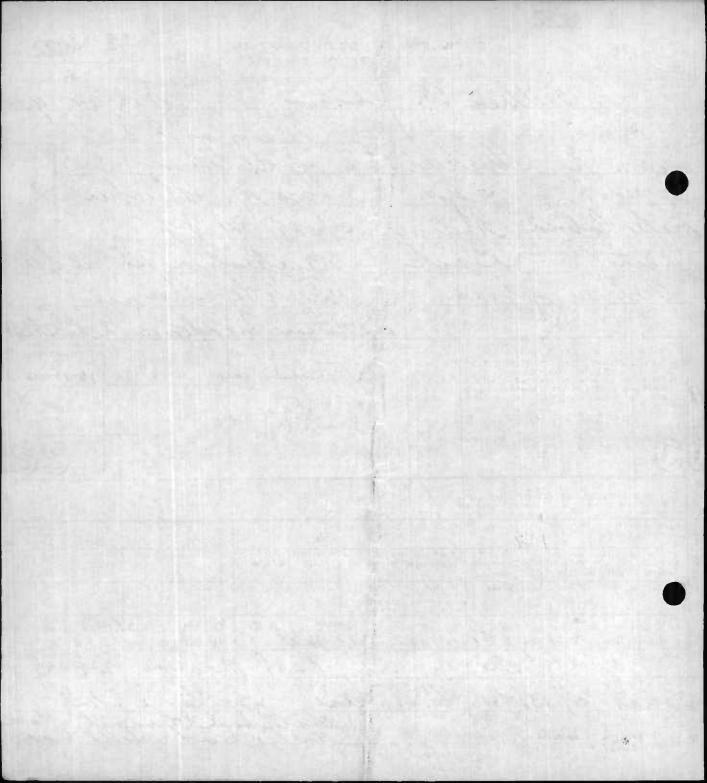
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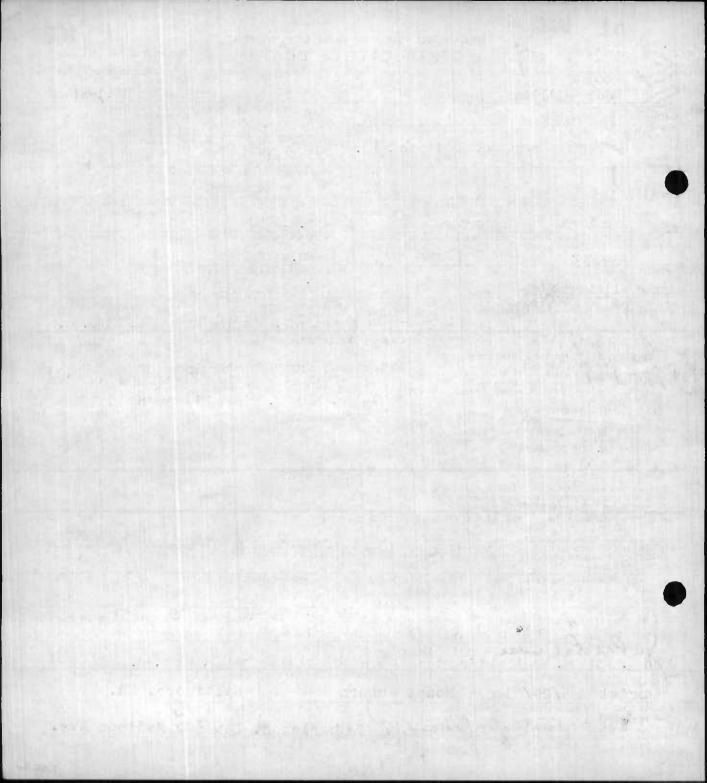
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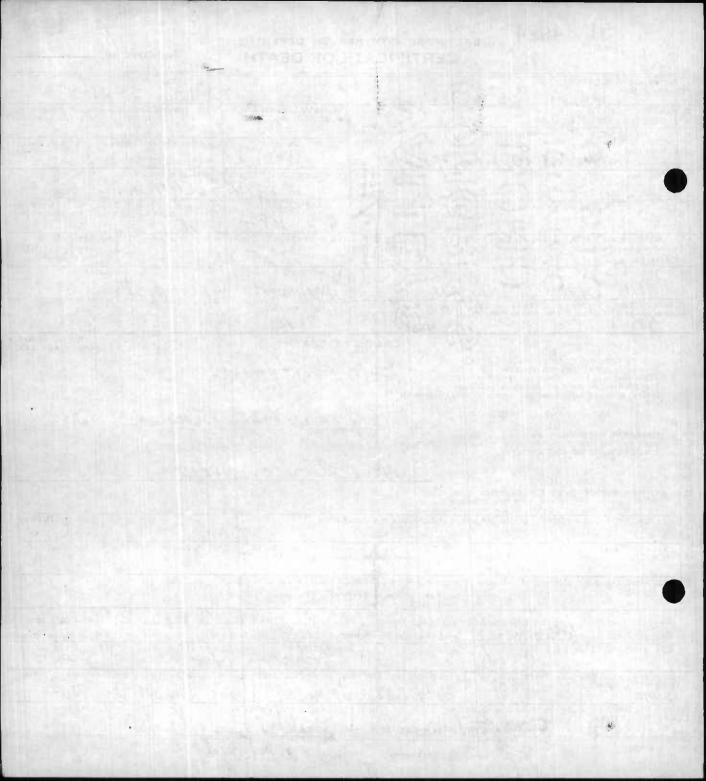
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ВІ	RTH NO.			CERTIFIC	ATI	E OF DEATH	Registered	No.	
	NAME OF E						DATE.		
		Eddie William	ns				OF May		
	Baltimore	City, Maryland				4. USUAL RESIDENCE (Where	B. COUNTY		ion : residence before admission
B. HC	FULL NAME	OF (If not in hospit	al or institut	ion, give street add	ress or		Lomes	ALA	David
IN	STITUTION	S Marine Hosp	pital,	Baltimore,	Md.	c. CITY OR TOWN (If outsi	de corporate lim	its, write	RURAL and give township
C.	Ongth of s	stay in Baltimore	?		Yrs. Mos. Days	D. STREET ADDRESS (If rural 964 Broad Street	give location)	692	2
	sex ale	6.COLOR OR RACE	7. SINGLE WIDOW Separa	MARRIED,			AGE (In years last birthday) M	If Under 1 Yes	if Under 24 Hours Hours: Min.
10	A. USUAL OC	CUPATION (Give kind of	10B. KIND	OF BUSINESS	OR	11. BIRTHPLACE (State or foreign	/	1 12. CIT	TIZEN OF
work	done during most	of working life, even if retired) aborer			STRY	Md.			HAT COUNTRY
13	. FATHER'S					14. MOTHER'S MAIDEN NAME		1 0.0	,
M.	Isaac W	Filliams			#4	Jennie Jones			
15 (Yes	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	NO	17. INFORMANT		ADDRES	S
(	no	(**************************************		146-09-59	15	Records, USMarine H	Hospital,	Balto.	.Md.
	18. / 8	0 X .		CAL	JSE (	OF DEATH		INT	ERVAL BETWEEN
	DISEA	SE OR CONDITION							THE BEAT
	(This does	LEADING TO DEA	of dying, e. g		tast	ases from adenocarci	noma of		Jnknown
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
	ANTECEDENT CAUSES to lungs, pleura, right kidney and								
z	peritoneum								
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
A		YING CONDITION LA							
H									
RTIFICA		II SIGNIFICANT CONDI							
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT								
	19A, DATE OF OPERATION   19B, MAJOR FINDINGS OF OPERATION							O. AUTOPSY?	
CAI								ES X NO	
IEDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, ferm, factory, street, office bldg., etc.) INJURY OCCUR?								
Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E, INJURY OCCURRED   21F, HOW DID INJURY OCCUR?								
	INJURY  WHILE AT NOT WHILE  AT WORK  AT WORK								
	22. I hereby certify that I attended the deceased from March 31 1951 to May 19 1951 that I last saw th								
	deceased alive on 19, 19 51. and that death occurred at 5:20a m., from the causes and on the date stated above								
	23A. 61 6 H	WEE OF WILL	alinic:	al Directo	2	3B. ADDRESS		23c.	DATE SIGNED
	John L.	willson, med	ICAL DI	ector M.	D.	US Marine Hospital, I	Balto.Md.	-/	
TIC	Buri	Specify)	51	Mount A			more, M		ty) (State)
	ATE RECEIVE	D BY REGISTRAR	S SIGNATI	RE 776		25. FUNERAL DIRECTOR	5	ADDR	
M	AY 2313	السلام ال	ington	following Al	7	Charles A Law 8	02 Madi	son A	Ave.
	VS 150	a aleani	arms o	id aster Magnet				,	1
				9	10	50		22	a mae
						market and the second of the second			100



# 51 4624 BALTIMORE CITY HEALTH DEPARTMENT

TV		O.L.	10/5°x
41	Registered	No.	

BI	IRTH NO.			CERTIFICATI	E OF DEATH			
	NAME OF DE		Schus	ter		2. DATE OF DEATH 5-	21-51	
	PLACE OF DE Baltimore Ci	ATH:	- 5 - 6		4. USUAL RESIDENCE	Where deceased lived, If B. COUNTY	institution: residence before admission)	
H	FULL NAME O OSPITAL OR ISTITUTION		,	tion, give street address or location)	C. CITY OR TOWN	If outside corporate limit	s, write RURAL and give	
-	44	THERAN	HOSpital	L of Md INC	D. STREET ADDRESS (I	f rural, give location)	township)	
C.	Length of st	ay in Baltim	ore Ly	Mos. Days	1529 N.	SLLAMONT	#16 84.	
5.	SEX	6. COLOR OR F		5. MARRIED. VED. DIVORCED (Specify)	7-1-1882		f Under 1 Year on this Days Hours Min.	
1C	A. USUAL OCC k done during most of 14045e w	working life, even if	ekind of 10B. KING retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13	FATHER'S N	AME		A. C.	14. MOTHER'S MAIDEN	1 1		
	+RF-D		1ERSHAUS	641	MARGARET	VEISBROOT		
15 (Ye	o, no or unknown)	D EVER IN U.S. (If yes, give war	ARMED FORCES? or dates of service)	16, SOCIAL SECURITY NO.	17. INFORMANT Selt		DDRESS	
	18. 68	4x .			OF DEATH		INTERVAL BETWEEN	
	DISEAS	ONSET AND BEATH						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
			hich caused deat					
7	ANTECEDENT CAUSES PERFORATED GALL BLADITER							
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING							
LAT	UNDERLYING CONDITION LAST.							
F	(c) Acute Cholecystitis							
ERT	OTHER SIGNIFICANT CONDITIONS CON-							
Ü	TO THE DISEASE OR CONDITION CAUSING IT.				PATION		20. AUTOPSY?	
CAL	19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION						YES NO	
EDIC	21A. ACCIDENT. SUICIDE.  HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in or labout home, farm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give about home, farm, factory, street, office bldg., etc.)						give exact location)	
Σ		Month) (Day)	(Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUF	RY OCCUR?		
-	INJURY  WHILE AT NOT WHILE AT WORK AT WORK							
	22. I hereby certify that I attended the deceased from 4 30 ps. 1951, to 10 p 5-21, 195, that I last saw the							
		deceased alive of 5-21, 19 51, and that death occurred at 10 m., from the causes and on the date stated above.						
	23A. SIGNAT	John	C. 144 x	Ce M.D.	hatheron (	terp.	5-22-5	
2. TI	4A. BURIAL. C.	RENA- 24B. D	ATE / -	24C. NAME OF CEMETE	RY OR CREMATORY 240.	LOCATION (City, town	or county) (State)	
	BURIA!	/ 19/	23/01	Holy CIPSS	CEMETERY HAM	E HRUNDEL, L	i. MD.	
D	ATE RECEIVED OCAL REGISTS MANY 721	AR REGIS	TRAR'S SIGNATI	Villiance M. W.	25. FUNERAL DIRECTOR	Ny San Sur	ADDRESS	
	VS 150		"Throng con The	SON CONTRACTOR :	118 W Mit Ray	dare	127B	
			100	the state of the s	11 4 11 . 11101	#1	10/10	



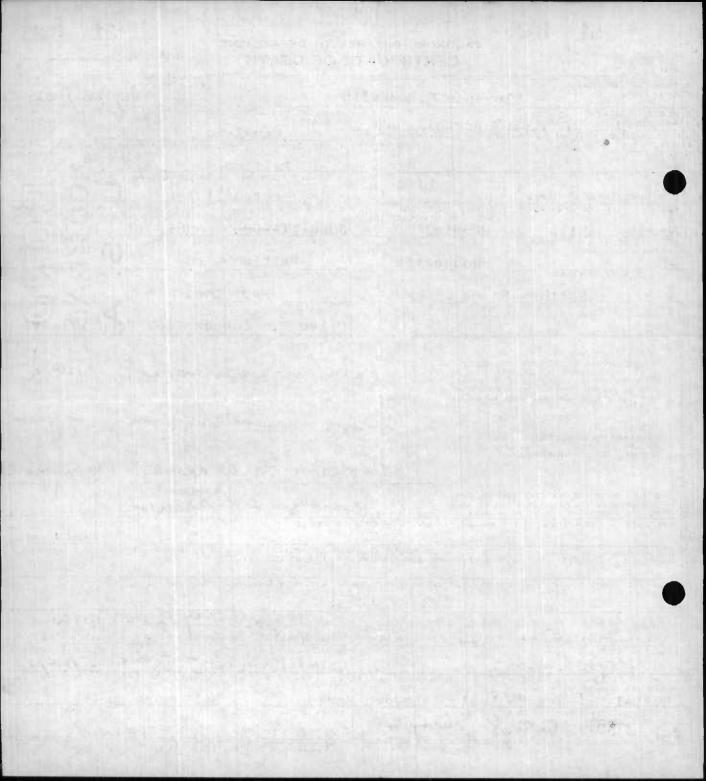
## CERTIFICATE CORRECTED 5-24-51

51 4625

	-the	-1	8
_			

937)

	520	0.3.			EALTH DEPARTMENT E OF DEATH	Registered	No.		
	IRTH NO.								
	NAME OF D		lorenc	e B.Beckwit		2. DATE OF DEATH M8	y 22 1951		
3.	PLACE OF DI Baltimore C	ity. Maryland 42	07 Fer	nhill Ave	4. USUAL RESIDENCE (Whe	re deceased lived, I B. COUNTY	lf institution: residence before admission)		
H	FULL NAME OSPITAL OR ISTITUTION	(If not in hospit	al or institution	on, give street address or location)	c. CITY OR TOWN (If ou	tside corporate lim	its, write RURAL and give		
- 7	-9				Raltimore	20	the Contract of		
1	-			Life Yrs.	D. STREET ADDRESS (If rural, give location)				
C.	Length of st	tav in Baltimore		Days Mos.	4207 Fernhill	Ave			
5	SEX	6. COLOR OR RACE		, MARRIED,		AGE (In years)	It Under 1 Year   If Under 24 Hours		
	Female	White	Marr	ED, DIVORCED (Specify)	June 1 (1869)	(81) 80	ionths Days Hours Min.		
		CUPATION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF				
FOF	k done during most o	f working life, even if retired)	Hou	sewife	Baltimore	Md	WHAT COUNTRY		
13	B. FATHER'S N	IAME			14. MOTHER'S MAIDEN NAM	E			
		Matthew	Boone		Mary Do	wd			
15 (Ya	. WAS DECEASE	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
(10	s, no or unanown)	(11 Jos, give war or date	a or service)	SECURITY NO.	Olive E.Goldbec	k 4207 F	ernhill Ave		
	18. Lt W	2 V	- TO 1	CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY								
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)								
		re, asthenia, etc. It mea							
	injury or	complication which	caused death.	) DUE TO	V				
ANTECEDENT CAUSES Chresic Passine Cong				agestion.	4 years				
0		DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
A		ING CONDITION L		./ /	, , , ,	^			
2				Hypen	Knowne Cardio-1	ascular	many year		
Ë		II		(C) t	. 60				
ER		IGNIFICANT COND			1 100 1 8 4 1	100	71		
Ü		ISEASE OR CONDITION	CAUSING 1	r		- ocens	2. 1		
_	19A. DATE O	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION &		20. AUTOPSY?		
CAL							YES NO L		
EDIC	HOMICIDE	21a. ACCIDENT, SUICIDE.  21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?							
Σ	D TIME	Month) (Day) (Year	(Hour) 1	TE. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?			
(	INJURY	(2007)		HILE AT NOT WHILE					
					10116. m	MM 22 10	1/17-177-1-12		
	22. I hereb	y eertify that, I at	tended the	deceased from	, 1946 to		that I last saw th		
			_, 19_5./	and that death occur	rred at 4.45 Pm., from the	causes and on	the date stated above		
	23A. SIGNAT	na 8 harl	at	м. р.	5106 Park He	ights an	23c. DATE SIGNED		
2	4A. BURIAL. (S	REMA- 24B. DATE	2	4c. NAME OF CEMETE	RY OR CREMATORY 24D. LOC	CATION (City, tow	n, or county) (State)		
	Burial	May 2		Loudon		ltimore			
	ATE RECEIVE			Figure M.R.	25. FUNERAL DIRECTOR	1/1	ADDRES9		
_	MAY 231	JJI Thurst			Samuel .	nina	coen		
	VS 150	" gwan.	The state of the s	The state of the s	4204 Ridgewood	d Ave	0.51		



BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No	)
1. NAME OF DECEASED LO	, ,			
(Type or Print)	N. Mey	ers	2. DATE OF DEATH MA	4 20.1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	1	4. USUAL RESIDENCE (V	Where deceased lived. If in B. COUNTY	before admission
B. FULL NAME OF (If not in hospital or institution Ins	ution, give street address or location)	c. CITY OR TOWN	outside corporate limits,	write RURAL and giv
3109 Alen	more live	Balt	more 27	-44 township
ength of stay in Baltimore	Yrs. Mos.	3109 Xles	rural, give location	4-44-0
	Days LE. MARRIED,	8. DATE OF BIRTH	more pur	mu
	WED, DIVORCED (Specify)	No. 19-1899	9. AGE (In years     Wonday)   Monday	ths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of port done during most of working life, even if refired)	ID OF BUSINESS OR	11 BIRTHPLACE (State or fo	oreign country)   1	2. CITIZEN OF WHAT COUNTRY
Told Service Eng. To	resbanks Mos	a It is con	sen	WILL COOKING
13. FATHER'S NAME	SCALES (M)	14 MOTHER'S MAIDEN N	AME + 1 +	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of pervice)	16. SOCIAL	ma ren	eckreig	
(Yes, no or unknown) (If yes, give wer or dates of pervice)	SECURITY NO.	17. INFORMACIT	Moure B	DRESS
18. / 8 / X	CALISE	OF DEATH	10gus- (/5)	TOTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		O O	0	ENSET AND DEATH
(This does not mean the mode of dying, e.	· when	un Colle	0612	
heart failure, asthenia, etc. It means the diser injury or complication which caused dea	ase,	autus.		
ANTECEDENT CAUSES		1 1	100 11	4 5 3 3
z	alla	Malle Ca	1 Dedde	18-9 MD
DISEASES OR CONDITIONS, IF ANY, GIV	THE DUE TO	1 1 1 -	-	10 /11.
UNDERLYING CONDITION LAST.	(c)C.	hereliesis	<b>.</b>	
OTHER SIGNIFICANT CONDITIONS CO	TED LIAM	oplatria)	Bladden	G-10 /6
	R FINDINGS OF OPER	ATION		20. AUTORSY7
	ACE OF INJURY (e. g., iz	or 21c. WHERE DID ()	If in Baltimore City, giv	YES NO Per exact location)
LYING OR CONTRIBUTING   about home	o, farm, factory, street, office bldg., e	to.) INJURY OCCUR?		
INJURY (Month) (Day) (Year) (Hour)	WHILE AT NOT WHILE	ED 21F. HOW DID INJURY	Y OCCUR?	
m.	WORK AT WORK	1100 13	120/57	
deceased alive on 19		red at 10:45 m., from t		that I last saw th
ZJA SIGNATURE		3B. ADDRESS		23c DATE SIGNED
Honold Wing or	м. р.	DUSTENER RE	live	5/22/51
24A BURIAL, CREMA 24B. DATE TION REMOVAL (Specify)	24c. NAME OF CEMETER	RY OR CREMATORY 24D.	CATION (City, town, o	r county) (State)
Dunal 5/23/51	Moreland	Tark X	alternare.	ma
DATE RECEIVED BY REGISTRAN'S SIGNAT	MI	25 FUNERAL DIRECTOR	11	PDRESS
MAY 231951 Thuntitugtor	Whate H.B.	J. J. Muck	305 Hay	ford Mex
Vs T58 1001	Carried O	4632		52B
		1031	U	C- (- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

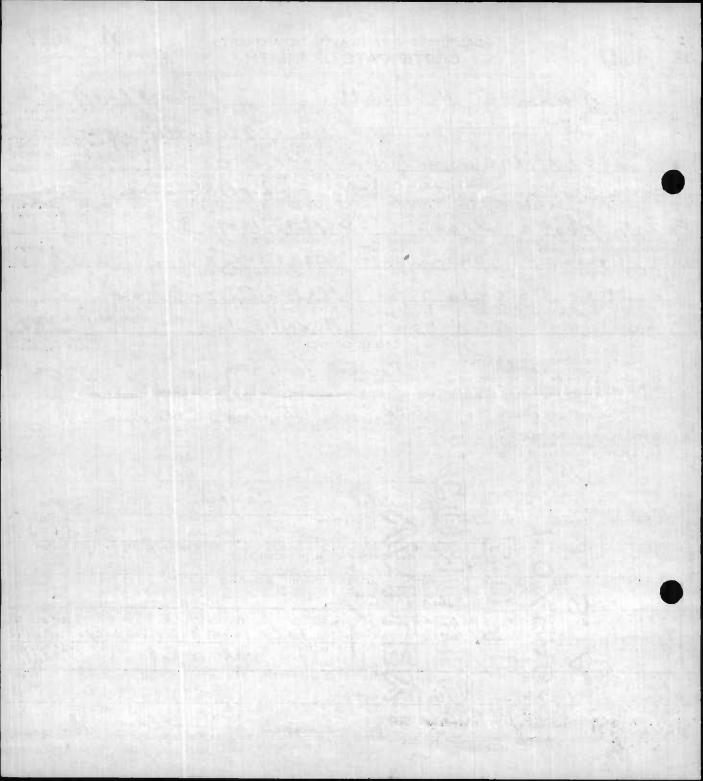
Dr. MINTZer

# HARNAK. BALTIMORE CITY HEALTH DEPARTMENT

51 4627

Registered No.

BIRTH NO.	CIII ICATI	L OI BLAIII	
1. NAME OF DECEASED (Type or Print)  Than and a Ho	2 x220 /	2. DATE OF DEATH 5-/2	2/5-1
3. PLACE OF DEATH: A. Baltimore City, Maryland	- V Mai	4. USUAL RESIDENCE (Where deceased lived, If in	stitution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, giv HOSPITAL OR INSTITUTION	e street address or location)	c. city OR TOWN (If outside corporate limits,	
2009 Hillenwood	Rd.	Balto. 27-	-09 township)
c. Dength of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)	d Rd.
5. SEX   6. COLOR OF RACE   7. SINGLE, MAR		8. DATE OF BIRTH 9. AGE (in years   II ill last birthday) Mont	hs: Days Hours Min.
10A. USUAL OCCUPATION (Givehind of 10B. KIND OF B		11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF
erk done during most of working life, even if retired) house	INDUSTRY	Estonia	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Fredt. Oswald		Itelen Rosenbloom	
Yes, no or nnknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	12 1 10 1 2.009 1	GRESS Hillenwood
	104 4	1/1480/T 186	INTERVAL BETWEEN
18. 120   I	CAUSE	OF DEATH	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	Coron	my /krowbons	5hrs
heart failure, asthenia, etc. It means the disease,	DUE TO		
ANTECEDENT CAUSES	arter	ineleratio Cardinamente dein	7
DISEASES OR CONDITIONS, IF ANY, GIVING	1B)		
	DUE TO		
	(C)		
OTHER SIGNIFICANT CONDITIONS CON-	2 4 4	1	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(/	doces right mack	290.
19A. DATE OF OPERATION   19B. MAJOR FIND	INGS OF OPER	RATION	20. AUTOPSY?
	INJURY (e. g., i		
HOMICIDE (Specify)   *bouthome, farm, fact	ory, street, office bldg.,	etc.) INJURY OCCUR?	
D. TIME (Month) (Day) (Year) (Hour) 21E. IN INJURY WHILE A	JURY OCCURR		
m. WORK	AT WORK		/
deceased alive on 22. 19. 19. and ti		rred at 1.15° m., from the causes and on the	that I last saw the
23A. SIGNATURE		23B. ADDRESS W	23c. DATE SIGNED
Julean	м. D.	621/1/ayras tel	3/23/3/
24A. BURIAL, CREMA 24B. DATE TION, REMOVAL (Specify)  Burial  5/26/3-1  Pa	AME OF CEMETE	ad Balto. Me	r county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	4,168	25. FUNERAL DIRECTOR	ADDRESS Belain
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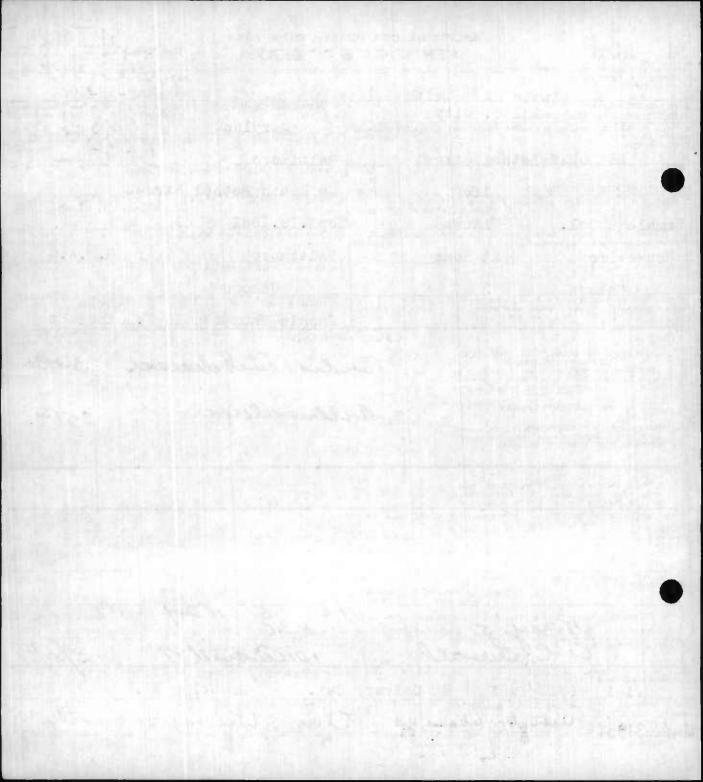
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41	1000
BIRTH N	4000

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4628

1310

	RTH NO.	20		CERTIFICATI	E OF DEATH	Registered r	VO
1.	NAME OF C	ECEASED				2. DATE	
`		Lizzie		Smith		DEATH MAY-	
3.	PLACE OF D	City, Marylan Bal	Lto. C:	ity	4. USUAL RESIDENCE (	Where deceased lived, If B. COUNTY	institution : residence before admission)
В.	FULL NAME	OF (If not in hospit	tal or institut	ion, give street address or	Maryland		)
	SPITAL OR STITUTION			location)	c. CITY OR TOWN (I	f outside corporate limit	s Mrite RURAL and give
11	2	8 South Ret	thel 5	treet	Baltimore	2	township)
P			1145	Yrs. Mos.	o. STREET ADDRESS (If	rural, give location)	
C.		tay in Baltimore	Tife	Days	28 South Bet	nel Street	
5.	SEX	6. COLOR OR RACE	7. SINGLE	E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	onths: Days Hours: Min.
I	emale	Col	Wido		Sept. 19.1881	69	
10	A. USUAL OC	CUPATION (Give kind of working life, even if retired)	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or 1	oreign country)	12. CITIZEN OF
	Housew			ome	Baltimore		U.S.A.
13	FATHER'S	NAME		714.4	14. MOTHER'S MAIDEN N	IAME	
	T1	nkown			Unkown		
15	. WAS DECEAS	ED EVER IN U.S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT	Δ	DDRESS
		(If yes, give war or date	s of service)	SECURITY NO.	Jannie Thomps		
	18. 44	/		CALICE		EUI TO D.De	INTERVAL BETWEEN
	1	rx I			OF DEATH		ONSET AND DEATH
		SE OR CONDITION LEADING TO DEA	TH	G.	. dia banal	A.venus	34000
	(This does	not mean the mode oure, asthenia, etc. It mea	of dying, e. a ans the diseas	e, (A)	cour record		
	injury or	complication which	caused death	.) DUE TO			
		ANTECEDENT CAUS	SES	R	dis reval	via.	aus.
Z	DISEASE	S OR CONDITIONS, I	F ANY GIVIN	(8)	commence.		37131
Ĕ	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	HE DUE TO			0
FICATION	ONDERL	TING CONDITION E	31.	(C)		***************************************	
IL.		11					
ERTI		IGNIFICANT COND					
CE		TO THE DEATH, BUT					
,	19A. DATE	F OPERATION 1	I9в. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
Y							YES NO
MEDICA		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	or 21c. WHERE DID (etc.) INJURY OCCUR?	If in Baltimore City,	give exact location)
2		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	INJURY			WHILE AT NOT WHILE			
	22 71 1	116 17 17 1	m.	WORK AT WORK	16 151/1	& Week 102	7
		y certify that I at			1957, to		, that I last saw the
	deceased a		11901.		red at 6: 30/m., from	the causes and on th	23c. DATE SIGNED
		4.6,	Leker		121 augu	11/81	3/2/5/
24	A. BURIAL.	CREMA- 24B. DATE	1000	24c. NAME of CEMETE	RY OR CREMATORY 240. I	OCATION (City, town,	or county) (State)
	Buris		95 <b>I</b>	Mt Calvery	Cem. Bro	oklyn Md.	
	ATE RECEIVE		S SIGNATU		25 FUNERAL DIRECTOR		ADDRESS
44	AND DAG	Ca Linetti	ton Nell	AND MAR	Elizar & Wil	am I mon E	scorelly wy
THE				A STATE OF THE PARTY OF THE PAR			77
	VS 150	5	4 5		4 6 2	231,7000	

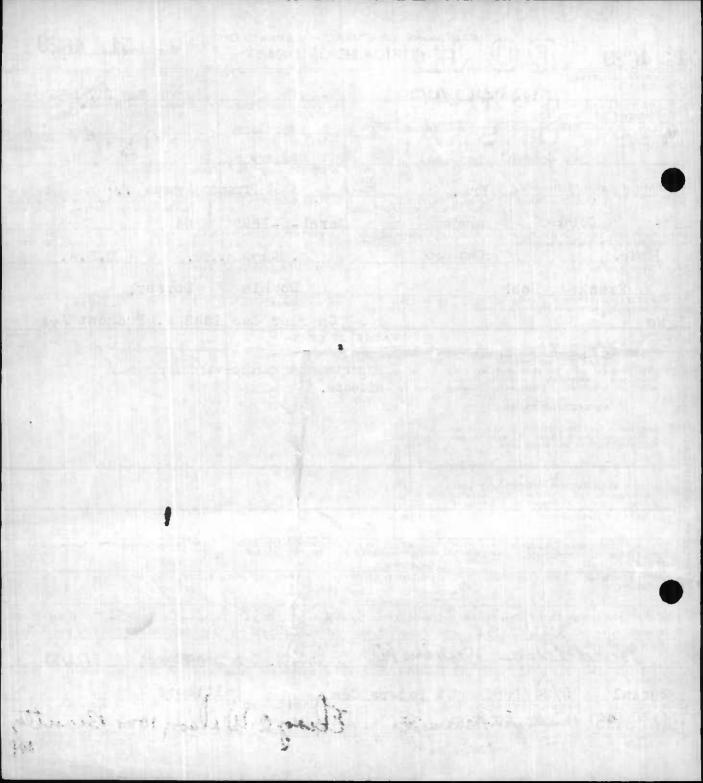


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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH R

legistered No.	4629

) ],	RTH NO	9		CERTIFICATI	L OF DEATH	registered 4	
	NAME OF D	ECEASED				2. DATE.	
(T	ype or Print)	Lee.	Annie I	ell		OF DEATH May	21. 1951
	PLACE OF D Baltimore (				4. USUAL RESIDENCE ()		
H	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION				Maryland c. CITY OR TOWN (II	f outside corporate limits	s, wrip RURAL and give
M	111011011	St. Joseph	's Hos	oital	Balti more	15-	township)
1		0,000,00	1.00	Yrs.	D. STREET ADDRESS (If	rural, give location)	
C.	ngth of s	tay in Baltimore 4	O. Yrs	Mos. Days	1332 Fremor	at Avenue A/	
5.	SEX	6. COLOR OR RACE	7. SINGLE	. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year   If Under 24 Hours
	Fe.	Colored	Marri		March-5-1897	54	nths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or f		12. CITIZEN OF
WOLL	Hwfe.	of working life, even if retired)	Own	Home	St Many Co	Mel	WHAT COUNTRY?
13	FATHER'S	NAME	01122		St. Mary Co.	AME	J.S.A.
	Til -	onle Hoh	h		Doshia		
15		Cank Heb	FORCES?	16. SOCIAL	17. INFORMANT	Dorsey	
(Ye	, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.			DDRESS
_	NO 18. 14 14				Charles Lee I	ooz II. Fran	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A) Hypertensive cardio-vascular renal  (B)  DUE TO disease.  (B)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
		OF OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
1EDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., ix arm,factory,street,office bldg.,e		If in Baltimore City, g	
Σ	21D. TIME (	(Month) (Day) (Year)		21E. INJURY OCCURRE WHILE AT NOT WHILE WORK		Y OCCUR?	
	22. I hereh	u certifu that I att		deceased from 5/2		5/21/ 1957	, that I last saw the
		live on 5/21/			red at 12:05 PM from t		
	234 SIGNA	FILDE -		2	3B. ADDRESS	oww.ord one on	23c. DATE SIGNED
	Th	addeus	- Sc	wind ( 2	1400 N. Caroli	ne Street	5/21/51
24	A. BURIAL, C		2	24c. NAME OF CEMETE		OCATION (City, town,	
110	Burial	5924 /T	95T	St Peters Co	Bal	timore Md	
DA	ATE RECEIVE	D BY   REGISTRAR			28 FUNERAL DIRECTOR		ADDRESS
N	TAY 237	359 / himster of	on Nella	arus, 1600 a	Elevin Q.W.	loon 1000	Brantly
	VS 150	i when		C. Tolomore	· ·	3	160
			4. 4077413	the alignet.			13/2

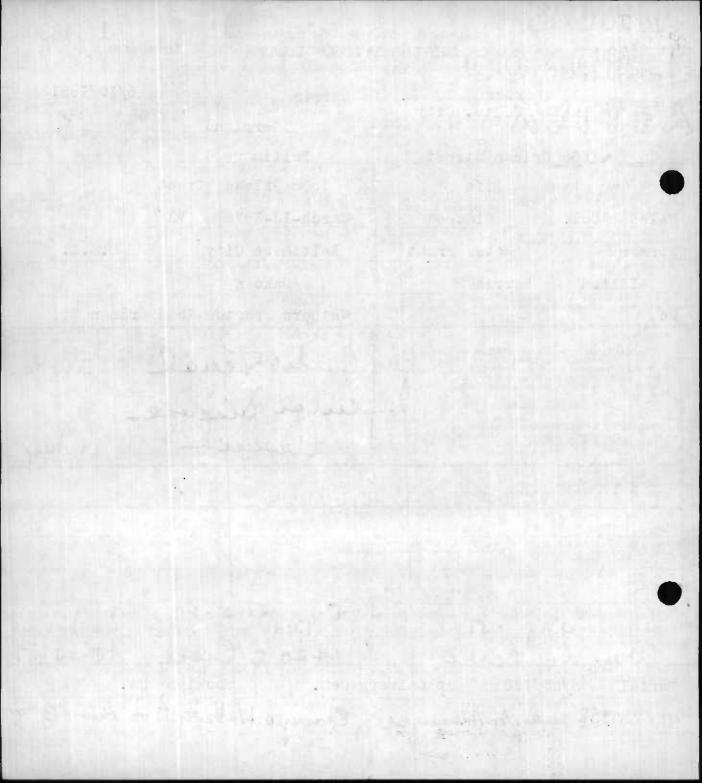


BAR	,20 LH NO.46	30		ВА			ALTH DEPART		Registe	5 <b>1</b> red No_	4630
1. f (Ty)	NAME OF D	DECEASED	Char	100	E.				2. DATE OF DEATH	5/19	/T95T
3. F	LACE OF E	EATH:					4. USUAL RESIDE	ENCE (W	here deceased liv	ed. If insti	
	ULL NAME	City, Mary			tion, give street	o ddwara on	A. STATE		B. COUN	TY	befor admission
HOS	SPITAL OR	OF (11 11	ot in nospita	ai or matitu	tion, give street	1	c. CITY OR TOWN	yland		linits, wr	ite RUKAL and give
INS	TITUTION	TEOO	07-0	0.40			D-742				township
- 1	14	1508	Orle	an st	reet	Yrs.	Baltim		ural give legation	on)	
	ath of	standa Dal	A.*	Tido		Mos.				JII.)	
5. S		stay in Bal		Life	E, MARRIED.	Days	I508 Orl			-a Milledon	1
			OR NACE	WIDOV	VED, DIVORCE	D (Specify)	B. DATE OF BIRTH		9. AGE (In year last birthday	Months	Days Hours: Min.
	Male	Col.			owed		larch-I2-I		73		
10A ork d	. USUAL OC one during most	CCUPATION of working life, e	(Give kind of yen if retired)	10B. KIN	OF BUSINES	SS OR IDUSTRY	11. BIRTHPLACE (S	State or for	reign country)	12.	CITIZEN OF WHAT COUNTRY
	forman			Water	Front		Baltimore	City	7	U.S	S.A.
13.	FATHER'S	NAME			STEVES	oring Co.	14. MOTHER'S MA	IDEN NA	ME		
	Wil	liam	Ha	rris			Unko	wn			
15.	WAS DECEAS	ED EVER IN	U, S. ARMED	FORCES?	I 16. SOCIAL	-	17. INFORMANT			ADDR	
You,	no or unknown)	(If yes, giv	e war or dates	of service)	SECURI		athern Pr	estor	1508 C		
2	(This does heart failt injury or	SE OR COI LEADING s not mean ure, asthenia, eomplicatio ANTECEDE	TO DEAT the mode o etc. It mean n which c	H f dying, e. ns the disea aused deat	g., (A)	m.C	ular	Lee	eal		There in the conset and of the conset and of the conset and of the conset and of the conset and
CAL	RISE TO 1	THE ABOVE O	CAUSE (A)	STATING T			Uree	eei	<u>a</u>		1 day
ר האון	TRIBUTING	SIGNIFICAN G TO THE DE DISEASE OR	CONDITION	NOT RELAT	ED	OF OPERA	TION				20. AUTOPSY?
{											YES NO
		DENT WAS R CONTRIB DEATH		21B. PL about home,	ACE OF INJUF farm, factory, street,	RY (e. g., in o , office bldg., etc	21c. WHERE D INJURY OCCU		in Baltimore (	City, give	exact location)
	210. TIME	(Month) (D	ay) (Year)	(Hour)	21E. INJURY	OCCURRED	21F. HOW DID	INJURY	OCCUR?		
	INJURY			-		NOT WHILE	1				
0	22 7 7		7 . 7	m.	WORK	AT WORK		1. =	1.0	10.10	
					deceased from		194	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			at I last saw th
		live on_	114	., 194.	and that dea			from th	e causes and		ate stated above
	23A ISIGNA	TURE	4	3			B. ADDRESS	0	10.	23	C. DATE SIGNED
24.	. BURIAL,	CREMAN 24	B. DATE	JOYH	244 NAME	M. D.	THO C	245	are .	town and	. 22 - 11
TION	REMOVAL(S Burial	Specify) 5/	23/19	51		very C	em.		oklyn N	id.	ounty) (State)

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REGISTRAR'S SIGNATURE

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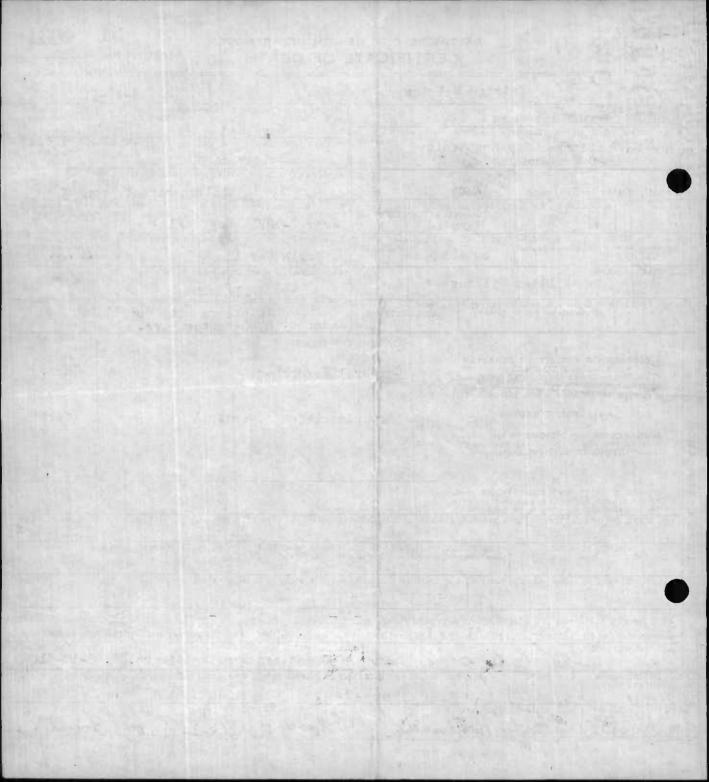
#148626 51 4631

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4631

		TOOF
Registered	No.	

BI	KIH NO.						
	NAME OF DE	ECEASED	atrick	Wilkins		OF DEATH 5-1	8–51
A. B.	FULL NAME (	ity, Maryland	tal or institut	ion, give street address or	4. USUAL RESIDENCE (WA. STATE Maryland C. CITY OR TOWN (If	B. COUNTY	before admission)
114	4	940 Eastern	Ave.		Baltimore	1-	township)
				Yrs.	D. STREET ADDRESS (If		
C.	Length of st	tay in Baltimore	7yr	Mos. Days	1628 Mill	iman Street	zone 5
5.	M	6. COLOR OR RACE	WIDOW	E, MARRIED, /ED, DIVORCED (Specify) *ried	8. DATE OF BIRTH July ?-1871	9. AGE (In years	Under I Year M Under 24 Hours nths Days Hours Min.
10 orl	A. USUAL OCC. done during most of Brmer	CUPATION (Give kind of f working life, even if retired	108. KINE	of Business or INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF
	. FATHER'S N	William	n Wilkin	ıs	14. MOTHER'S MAIDEN NA Nancy Wilki		8
Yes	. WAS DECEASE a, no or unknown)	D EVER IN U.S. ARME (If yee, give war or dat	D FORCES?	16, SOCIAL SECURITY NO.	17. INFORMAN Baltimor Records: 4940 Eas	e City Hospy	Prais
	18. 3	31× .		CAUSE	OF DEATH		INTERVAL BETWEEN
	(This does heart failu	LEADING TO DE not mean the mode re, asthenia, etc. It me	of dying, e.	se,	al Hemorrhage		2hrs.
IFICATION	DISEASES	complication which ANTECEDENT CAU S OR CONDITIONS, HE ABOVE CAUSE (A YING CONDITION 1	ISES  IF ANY, GIVIE ) STATING TO	iosclerosis,Cereb	ral	Years	
CERI	TRIBUTING	IGNIFICANT CONE TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELAT	ŁD .		÷	
AL	19A, DATE O	FOPERATION	19в. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
EDIC	21A. ACCIDE HOMICIDE	NT. SUICIDE. (Specify)		ACE OF INJURY (e. g., i farm,factory,street,office bidg.,		f in Baltimore City, g	give exact location)
2	ID. TIME (	Month) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK			
	22. I hereby deceased al	y certify that I at ive on 5-18-	ttended the	ueceuseu ji one	18-, 1951, to 5- rred at 8.15pm, from th		, that I last saw the
	23A, SIGNAT			2	4940 Eastern Ave.		23c. DATE SIGNED
24 TI	4A. BURIAL, CON. REMOVAL (S	REMA: 24B. DATE pecify)		24c. NAME OF CEMETE	RY OR CREMATORY 24b. LO	OCATION (City, town,	
	Burish	5/23/1	[95I	Mt Calvery		oklyn Md.	
L	MAY 23	BY REGISTRAF	T'S SIGNATU	RELACE MAR	Elong O. Wa	lson 1000	Broutly 4
	VS 150	4 mayor	**************************************	a an imight may	• • •		832
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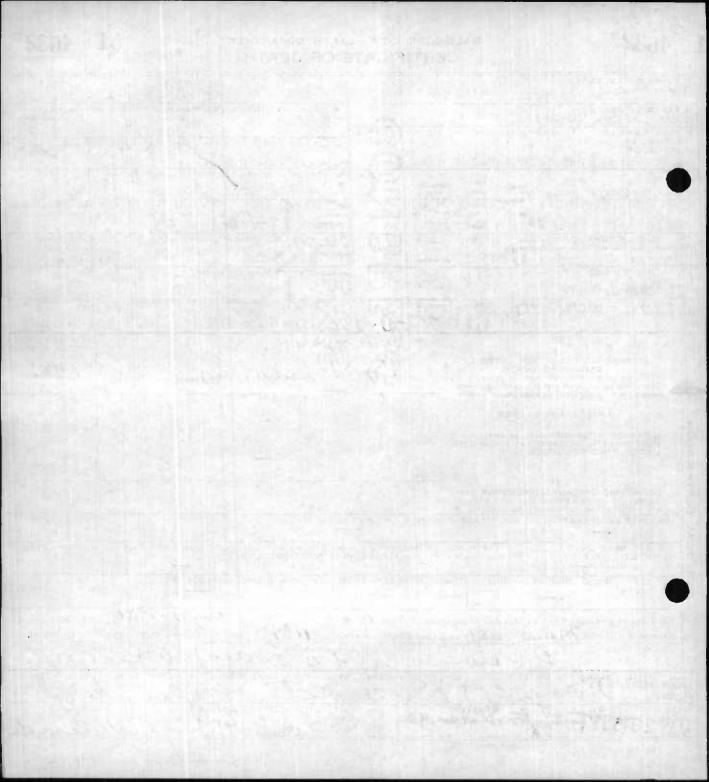


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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4632

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) nomas Francis O'Hare	2. DATE OF DEATH May 22-51
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Balto.  c. CITY OR TOWN (If outside corporate limits, write RURAL and give
Franklin Square Hospital	Arbutus, Md. township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore	1407 Knecht Ave. 52
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years if Under 1 Year Number 24 Hours: Min.
Male   White   Married	July 17-//06 51
10A. USUAL OCCUPATION (Give kind of tob. KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Motion Picture Projectionist	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas O'Hare	McGee
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (11 yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
ves Nov.16-42Jan 26-45313-43-43	Wife Ruth O'Hare 1407 Knecht ave.
18. 470   CAUSE C	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	12/5/
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	nary Dealown 14/2:
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
Z (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON- HINDER TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., et	or 21c. WHERE DID (If in Baltimore City, give exact location)
HOMICIDE (Specify) about home, farm, factory, street, office bldg., et	te.) INJURY OCCUR?
JD. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F, HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 193	\$ 6
22. I hereby certify that I attended the deceased from 194 deceased alive on May 14, 1951, and that death occur  23A. SIGNATURE 23	red at 113 Pm., from the causes and on the date stated above.
IN WEST COL	3B. ABDRESS fullaw avz 23c DATE SIGNED
24a. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 246 LOCATION (City, town, or equity) (State)
During May J. J. Malle.	Mal. Trederick Bd.
DATE RECEIVED BY BEGISTRAD'S STRATURE	S FUNERAL DIRECTOR ADDRESS
VS 150	Jumasco / way o was a carrelle
VS 150	8x 94a

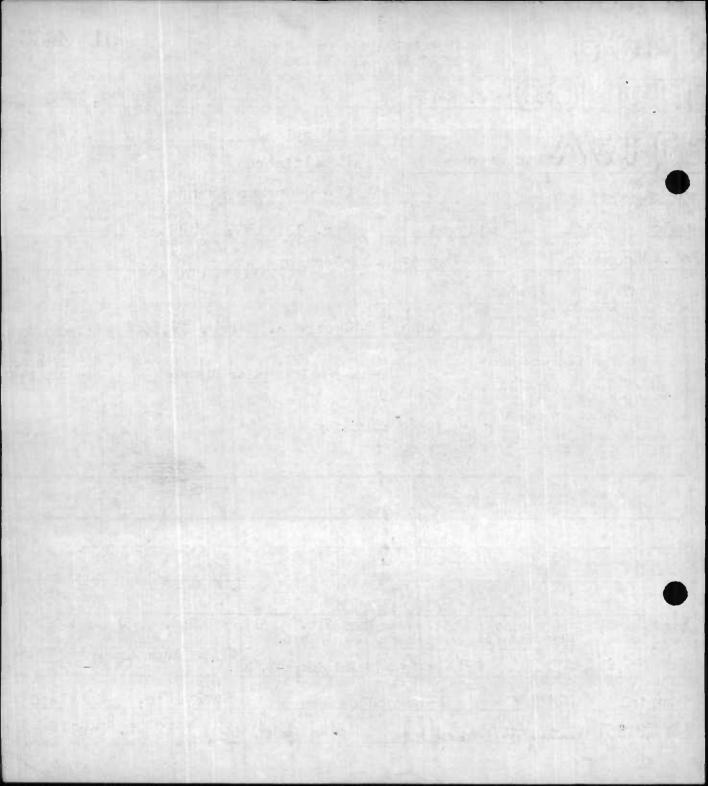


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	4633	

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

51	4633

BIRTH NO.			CERTIFICATI	E OF DEATH		
1. NAME OF (Type or Prin		ge J.	Roben		2. DATE OF MOST	22 7057
3. PLACE OF		ge u.	Kepell	A. USUAL RESIDEN	DEATH Play	22, 1951
A. Baltimore	e City, Maryland			A. STATE	B. COUNTY	before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)				Maryland c. CITY OR TOWN	(If outside corporate lin	ts, write HULAL and give
INSTITUTION	628 Gutmar	Avenu	e	Baltimore		township)
			Yrs.		S (If rural, give location)	
c. Length of	f stay in Baltimore		Mos. Davs		an Avenue	
5. SEX	6.COLOR OR RACE		. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	H Under 1 Year   If Under 24 Hours
male	white	wide	ED, DIVORCED (Specify)	Apr. 13, 18	366 85	onths Days Hours Min.
10A. USUAL	OCCUPATION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (St		12. CITIZEN OF
Ret. Sh	ost of working life, even if retired) Oemaker	Self	Employed	Germany		WHAT COUNTRY?
13. FATHER	SNAME	J		14. MOTHER'S MAIL	DEN NAME	
	? Re	ben		?		
15. WAS DECE (Yes, no or unknown	ASED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ρ	DDRESS
no		,	none	George J. H	Reben, Jr.,628	Eastern Ave
18. 4	442 Y .		CAUSE	OF DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION	DIRECTLY				May 17th to
(This d	LEADING TO DEAT	of dying, e. g	1) (2)	o-renal Vascu	lar Disease	May 22, 1951
heart fa	ilure, asthenia, etc. It mea or complication which c	ns the disease aused death.	) DUE TO			
	ANTECEDENT CAUS	FS				
z			(B) Sen	ility		
O DISEAS	SES OR CONDITIONS, IN	F ANY, GIVIN	G E DUE TO			
DISEAS RISE TO UNDEF	RLYING CONDITION LA	ST.	(C)			
E .	165 1 2 2 1 1 1					
	SIGNIFICANT CONDI	TIONS CON				
UI TRIBUT	ING TO THE DEATH, BUT	NOT RELATE	D			
			FINDINGS OF OPER	RATION		20. AUTOPSY?
N. N.						YES NO
□ LYING □	OR CONTRIBUTING	21B. PLA about home, fa	CE OF INJURY (e. g., i rm, factory, street, office bldg.,	a or 21c. WHERE DIE etc.) INJURY OCCUR		give exact location)
Σ	F DEATH  (Month) (Day) (Year)	(Woun) I	11E. INJURY OCCURR	ED 215 HOW DID 1	NJURY OCCUR?	
INJUE	(Month) (Day) (Tear)		HILE AT   NOT WHILE		NJURY OCCURY	
		m.	WORK AT WORK			
					to May 22nd, , 195	
deccased	aljugon May 19t	,n <sub>19</sub> 51,			from the causes and on t	
	Herry	a. 60	austello.	Baltimore-1,		7 5-23-51
24A. BURIAL TION, REMOVAL	(Specify)	2	4c. NAME OF CEMETE	RY OR CREMATORY	240. LOCATION (City, town	
buria	1   5/25/	51	Parkwood	Cemetery	Parkville,	Maryland
DATE RECEI	VED BY REGISTRAR	SSIGNATU		25. FUNERAL DIRE	CTOR	ADDRESS
MAY 23	1951 Sunta it	m Milli	EMEMA O	Wm. Gook	Ac 5 1217 St	· Paul Street
VS 150						



Address 1136 Poplar from Date signed 5/23/51

Duration

5 mun.

114201

PHYSICIAN

Underline the

cause to which death should be charged statis-

### INSTRUCTIONS FOR MEDICAL CERTIFICATION

#### WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a eause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

#### DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

#### DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

#### DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U. S. Bureau of the Census. A copy of this hooklet may be secured from the Baltimore City Health Department.

VS 150

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From Com unicable Disease Report Card 01079
sign d by Dr. John H. Holmes, III
Provident Hospital
10/5/51/ ES

1 4636 BIRTH NO.	CERTIFICATE OF DEATH	Registered No. 4636
1. NAME OF DECEASED (Type or Print)	Whittington	2. DATE OF MAY 19. 19.51
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE A. STATE	(Where deceased lived, If Institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution) HOSPITAL OR INSTITUTION	location) C. CLTY OR TOWN	(If outside corporate limits, write HURAL and give township)
2134 Walbrod		(If rural, give location)
congth of stay in Baltimore  5. SEX   6.COLOR OR RACE   7. SINGLE	Mos. Days 2134 Wal	brook Ave 9. AGE (In years   If Under 24 Hours
	Single Specify	9. AGE (In years   If Under I Year   If Under 24 Hours   Months Days   Hours   Min.
work done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN	I NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL 17. INFORMANT	Nickolson,
(Yes, no o unknown) (If yes, give war or dates of service)	Mollie Whit	
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH  (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea	se, ////	
injury or complication which caused deat  ANTECEDENT CAUSES	h.) DUE TO Carlin - (K	end
Z DISEASES OR CONDITIONS, IF ANY, GIVI	NG (B)	
RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	(C)	
OTHER SIGNIFICANT CONDITIONS CO		
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	ED N	
19A. DATE OF OPERATION 19B. MAJOR	R FINDINGS OF OPERATION	20. AUTOPSY?
E   ZIA. ACCIDENT WAS UNDER.   ZIB. FL	ACE OF INJURY (e. g., in or 21C. WHERE DID farm, factory, street, office bldg., etc.) INJURY OCCUR?	(If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED 21F. HOW DID INJU	URY OCCUR?
22. I hereby certify that I attended the	h /	may 17, 1951, that I last saw the
deceased alive on May 17, 1951.	and that death occurred at 7 m., from	n the causes and on the date stated above,
24A. BURIAL, CREMA- 24B. DATE	M. D. 1300 N. O.	D. LOCATION (City, town, or county) (State)
Buttal may 24, 1951.	mt. gion cem	Sundadown, md.
DATE RECEIVED BY REGISTRAR'S SIGNAT	URE 25. FUNERAL DIRECTO	ADDRESS 322
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(3) V	V-30	00							
1 46	37		BA	LTIMORE CITY			David to	.51	4637
BIRTH NO.				CERTIFICA	TE OF DE	ATH X	Registere	ed No	
1. NAME OF		John Whi	te				2. DATE OF DEATH	5/20/1	57
3. PLACE O A. Baltimor		Maryland S	4 A	U	4. USUAL R	ESIDENCE (Who	ere deceased lived		
B. FULL NA HOSPITAL	ME OF		al or institu	es Hospital			US. A.	March World	efore admission)
INSTITUTIO	1.6	gnes Hos	nital	locatio	HST6.	Chorpe (If or	itside corporate l	inits, write	township)
Engl. 13	- 0 0 1 I	gnes nos	bTreT	Yrs	Balti P. STREET A	DDRESS (If ru	ral, give location	)	
angth o	of stay in	Baltimore		Mos Day	.	rville Ave		50,00	
5. SEX	****	OR OR RACE	7. SING	E. MARRIED.	1 8. DATE OF I	. 11/69	9. AGE (In years last birthday)	If Under 1 Year	ys Hours: Min.
Male	Whi			WED DIVORCED (Speci	81 yra,		81	Months Da.	in min.
ork done during r	OCCUPAT	TON (Give kied of r life, even if retired)	10B. KIN	OF BUSINESS OR	11. BIRTHPLA	ACE (State or fore	ign country)		IZEN OF AT COUNTRY?
13. FATHER			1	Ship Yard	Md MOTHER:	S MAIDEN NAM	45		
	What to				Unknown				
	EASED EVER	IN U.S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMA		-	ADDRESS	
7 06, 110 Or Ullkov	(21.30	sa, give war or unce	a or service)	SECURITY NO.	Frs. Lin	da Gilbe	rt,5616	Carvi	lle Ave
18.	120	1		CAUSE	OF DEATH	Haleth	orpe, Md.	INTE	RVAL BETWEEN ET AND DEATH
	LEAD	CONDITION ING TO DEAT	TH			C.		11-4-4	
heart f	ailure, asth	can the mode o	ns the disea	8., (A)	UTE	YECEN	I MXC	CARA	7/8/-
injury		eation which c		th.) DUE TO	10 1-17/	CITON			
2		EDENT CAUS		(B) CE/	REBRAG	EMB	0605		
RISE T	O THE ABO	ONDITIONS, 1	STATING :	ING					<b></b>
UNDE	RLYING C	ONDITION LA	ST.	(c) MU	LMOULT	PRY ED	EMA +	EFFU	SION
	11	11							
		CANT CONDI					40		
	E OF OPE	OR CONDITION		R FINDINGS OF OP	EAALIZ.	6. F / A	TEAM)		. AUTOPSY?
ξ		7						YES	
LYING	CIDENT W OR CONT OF DEATH	AS UNDER-	218. PL	ACE OF INJURY (e. g , farm, factory, street, office bld	, in or 21C. WHE	RE DID (If	in Baltimore Cit	y, give exac	t location)
21D. TIM		(Day) (Year)	(Hour)	21E. INJURY OCCUR	RED 21F. HOW	DID INJURY	OCCUR?		
			m.	WHILE AT NOT WHILE WORK AT WORK					
22. I he	reby certi	fy that I att	ended th	e deceased from	720	1967, to 5	ZZ , 19	67, that I	last saw the
deceased	dalive on.	0/22	_, 1967	and that death occ	urred ate i Ko	m., from the	causes and or		
254.516	de	in 3	1/ 1	they M.D.	23B. ADDRESS	as.	Check	230.1	TATE SIGNED
24A. BURIA ION REMOVA		248. DATE	- /	24c. NAME OF CEME		/.			y) (State)
			5/51	Loudon Parl			ore, Mi	•	
LOCAL REG	STRAP	REGISTRAR'	S SIGNAT	URE	25 FUNERAL	DIRECTOR	4101 1	ADDRE	son Ave.
VS 150	1931	PARA	-		A COUNTY A	The state of	COTTOT 1	THIOH (I	POH WAG
		ACT CA	"相談和学	S. Shines		AP OUT		9,	La

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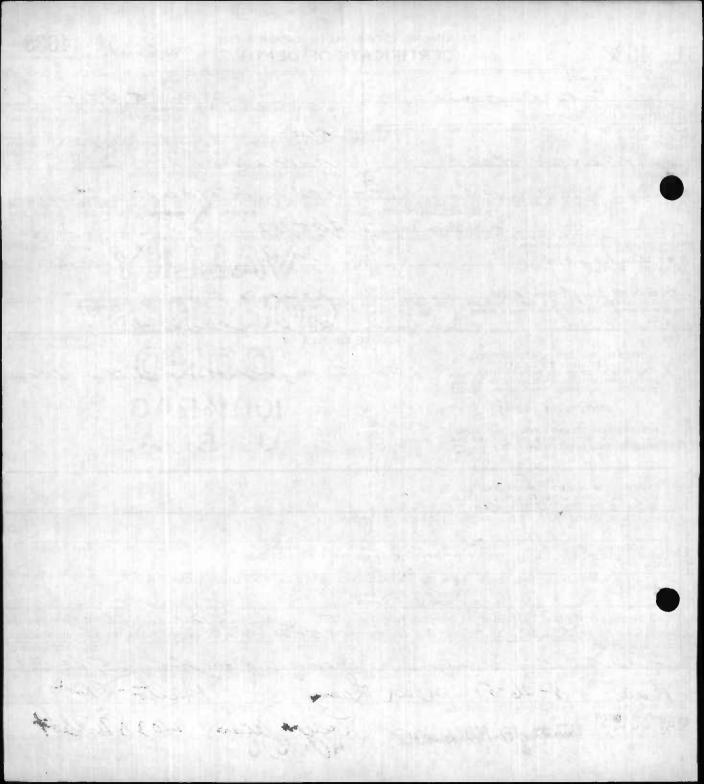
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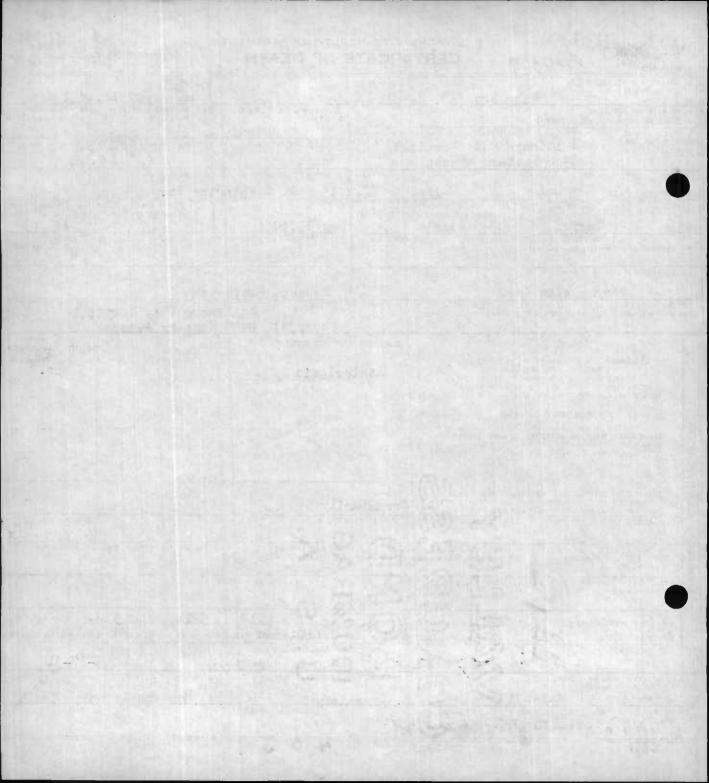
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Res

54	1020
gistered No.	4638

占	RTH NO.	0		CERTIFICAT	E OF DEATH	registered		
	NAME OF D	ECEASED				2. DATE		
(1	'ype or Print)	John B.	Rac	10 6		OF DEATH 5	122/	- /
	PLACE OF D	EATH:	2000		4. USUAL RESIDENCE	CE (Where deceased lived. 1:	f institution :	residence
_		City, Maryland			A. STATE	B. COUNTY		re admission)
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address o		/TA		
	ISTITUTION	1 -	,,		c. CITY OR TOWN	(If outside corporate limi	its, write RU	RAL and give township)
7	n /	TEACY	4OSX		Baltimos		3	
-				Yrs.	o. STREET ADDRESS	(If rural, give location)		
c	ngth of s	tay in Baltimore	68	Days	6085.6	Joshinston	Cof	
5.	SEX	6. COLOR OR RACE	7. SINGLE	. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year	If Under 24 Hours
	~	14 -		ED, DIVORCED (Specify	3/25/83	last birthday) M	onths Days	Hours Min.
10	A. USUAL OC	CUPATION (Givekind of		OGE BUSINESS OR	11. BIRTHPLACE (Stat	e or foreign country	12. CITIZ	ENLOF
worl	done during most of	of working life, even if retired)		INDUSTR		o ioicign country)		COUNTRY?
14	07 6 mg	layed		1.	MO.		16.	5-
13	. FATHER'S	NAME			14. MOTHER'S MAIDE	EN NAME		
	HEND	y Bowe	- >/		1	y ,		
15	. WAS DECEASE	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	1	ADDRESS	
(Io		(If yes, give war or date	s of service)	SECURITY NO.			DDRESS	
	NO			4R Known	1056.	Records		
	18. 4/20	1 1		CAUSE	OF DEATH			AND DEATH
	DISEAS	E OR CONDITION	DIRECTLY					
	(This does	LEADING TO DEAT		., (A) Gen	to severa	adial infair	7 6	7/-
	heart failu	re, asthenia, etc. It mea	ns the diseas	e,		and the same	and the	and the second
	injury or	complication which c	aused death	.) DUE TO				
		ANTECEDENT CAUS	SES					
z				(B)				
NOIL	DISEASES	B OR CONDITIONS, II	F ANY, GIVIN	IG		•		
A	UNDERLY	ING CONDITION LA	ST.	E OUE TO				
Q				(C)		3		
4		11					_	
F	OTHER S	II IGNIFICANT CONDI	TIONS CON					
回	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D				
0					DATION		100.0	LIMODOVA
7	ISA. DATE O	OF ERATION OF T	SB. MAJOR	FINDINGS OF OPE	RATION		1	UTOPSY?
CA			1 04- DI 4	CE OF INJURY (	Late Willens Sie	(14.1 7 11.1	YES	_ NO [
EDI		ENT WAS UNDER. R CONTRIBUTING  DEATH		CE OF INJURY (e. g., arm, factory, street, office bldg.		(If in Baltimore City,	give exact I	ocation)
2	210. TIME (	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURE	RED 21F. HOW DID IN	JURY OCCUR?		
	OF INJURY		,	WHILE AT NOT WHILE	:			
			m.	WORK AT WORK				
	22. I hereb	y certify that I att	ended the	deceased from 5/	15 195/, to	0 5/22 , 195	Z, that I le	ast saw the
ш					rred ats m. fr	om the causes and on t		
и	23A. SIGNAT	TURE			23B. ADDRESS			TE SIGNED
ы	10/	6 p	2.1	/ / / /	ma.	/_ /	10%	/
	A. BURIAL, C			24C. NAME OF CEMET	RY OR CREMAPORY 1 2	40. LOCATION (City, town	or county)	(State)
TIC	N. REMOVAL (S	pecify) [ 1/	-51	Q. 1. 4		12-04-	Mun	_
	Burra	2-26	01	lean d	aun	Dallo	1/4	
DA	TE RECEIVE	D BY REGISTRAR	S SIGNATU	RE	25 FUNERAL DIRECT	ror (	ADDRESS	1 ( 8
N	AY 2315	51	how Hoters		Tillen Jak	100 LIAZ)	Tulas	de la
		The state of	17 / 1/d/k	STATE OF THE STATE OF	and the same	7000	Production	V 1
	VS 150	V. 1. 1.		45	40000		10	10



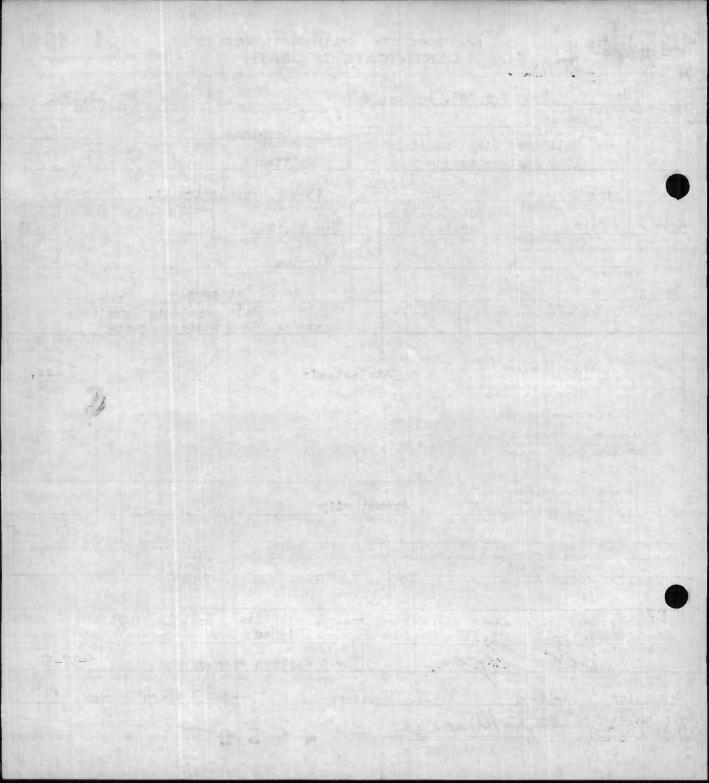
3 0 0 ND-148403 51-11039		EALTH DEPARTMENT E OF DEATH	Registered No	1 4639
1. NAME OF DECEASED	"A" Rebecca W	ade	2. DATE OF DEATH May 11	.1951
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or inst	itution, give street address or y Hospital scation)	4. USUAL RESIDENCE (WA. STATE Maryland		stitution : residence before admission)
Ength of stay in Baltimore	Life Yrs. Mos. Days	D. STREET ADDRESS (IF	ton St.	
Male Negro	GLE, MARRIED.  OWED, DIVORCED (Specify)  Single  IND OF BUSINESS OR	May 11,1951	last birthday) Mont	der I Year If linder 24 Hours hs Days Hours Min. 4 39
13. FATHER'S NAME	INDUSTRY	Maryland 14. MOTHER'S MAIDEN NA		WHAT COUNTRY?
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or detes of service)		Rebecca Matther  17. INFORMANT Balti Records: 4940	more City Hosp	Pftals
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the di injury or complication which caused d  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REI	e.g., (A) Atel sease, eath.) DUE TO  IVING OUE TO  (C)	OF DEATH		S hrs.
19a. DATE OF OPERATION 19b. MAJ	OR FINDINGS OF OPER			20. AUTOPSY?
HOMICIDE (Specify) about he ab	PLACE OF INJURY (e.g., me, farm, factory, street, office bldg., me, farm, factory, street, office bldg., while at work at work the deceased from 5.	ED 21F. HOW DID INJURY	5-11 , 19 51	that I last saw the
24a. BURIAL CREMA- TION REMOVAL (Specify) Cremation  DATE RECEIVED BY REGISTRAR'S SIGN LOCAL REGISTRAR  MAY 2 21951	24c, NAME OF CEMETE B.C.H. Crem	238. ADDRESS 4940 Eastern Average or CREMATORY 240. L	ocation (City, town, or & Eastern Ave	23c. DATE SIGNED 5-17-51 (State)
VS 150	and the second second	4631		159



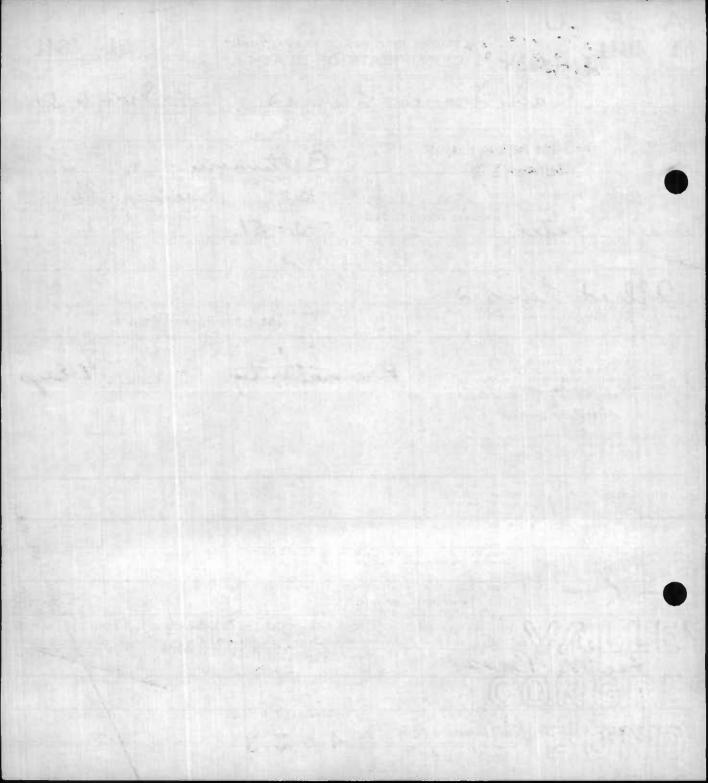
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	51	4640
egistered	No	-0 20

BIKIN NO.			
1. NAME OF DECEASED (Type or Print)  Baby	Boy "B", Rebecca Wac	le 2. DATE OF DEATH	May 11,1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	al or institution, give street address or	4. USUAL RESIDENCE (Where decease	d lived. If institution : residence UNTY before admission
HOSPITAL OR Baltimor	e City Hospitals ocation)	C. CITY OR TOWN (If outside corpo	orate limits, write RURAL and give
4940 Eas	tern Avenue	Baltimore	801
ngth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give lo	
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In	
Male Negro	Single	May 11.1951	4 38
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign countre) Marvland	y) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
George Wade		Rebecca Matthews	
15. WAS DECEASED EVER IN U.S. ARMEI (Yes, no or unknown) (If yes, give war or date		17. INFORMANT Baltimore Cit	W ADDRESS
(1.5 Jee, give was or date	se of service) SECURITY NO.	Records: 4940 Eastern	Avenue
18. 7/3 =	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION			DNSET AND DEATH
(This does not mean the mode	TH AL-9-	etasis	5 hrs,
heart failure, asthenia, etc. It mes	ans the disease.		
ANTECEDENT CAUS	(B)		
DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L.  UNDERLYING CONDITION L.  UNDERLYING CONDITION L.  UNDERLYING CONDITION L.	F ANY, GIVING STATING THE DUE TO		
요	(6)		
OTHER SIGNIFICANT COND	ITIONS CON-		
TRIBUTING TO THE DEATH, BUT TO THE DISEASE DR CONDITION	NOT RELATED	rity	
	98. MAJOR FINDINGS OF OPER	- Y	20. AUTOPSY?
K			YES NO X
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	n or 21c. WHERE DID (If in Baltime INJURY OCCUR?	ore City, give exact location)
21D. TIME (Month) (Day) (Year,	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
INJURY	m. WHILE AT NOT WHILE		
22. I hereby certify that I at	-	11- 19 51 to 5-11	, 19.51, that I last saw th
	created tree december of the contract of the c	red at 10:45am from the causes of	and on the date stated above
23A. SIGNATURE		3B. ADDRESS	23c. DATE SIGNED
Cla. C	styles M.D.	4940 Eastern Avenue	5-17-51
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24c. NAME OF CEMETE		City, town, or county) (State)
Cremation 5-16-51		ory 4940 Easte	rn Avenue
DATE RECEIVED BY REGISTRAR	S SIDNATURE	25. FUNERAL DIRECTOR	ADDRESS



2	60									
51	46	41 , ,				EALTH DEPARTMENT OF DEATH		egistered N	1 4	641
BIRT	H NO.	51-1	5634	CEI	TIFICAT	E OF DEATE		-8		
	AME OF D	ECEASED B	aly -	Tra	ncis	Renines	2. DA	F	m le	51
а. В		City, Marylan				4. USUAL RESIDE	NCE (Where dec	cased lived. If		residence re admission)
HOS	JLL NAME PITAL OR				e street address o		(If outside c	orporate limit	s write RU	RAI, and give
INST	TITUTION		ns Hopkin Iltimore 5,		81	Balte	nore	- 8	-0:	township)
	and had a			mu <sub>1</sub>	Yrs. Mos.	D. STREET ADDRES	SS (If rural, giv	e location)	( 20	
5. S		tay in Baltin 6.COLOR OR	RACE   7. SIL	NGLE, MAR		8. DATE OF BIRTH	9. AGE	(in years)	Under I Year	II Under 24 Hours
Jes	nale	Whi	Re		VORCED (Specify	5-2-5		birthday) Mo		
10A. rork do	usual oc aeduring most o	CUPATION (Giver of working life, even in	vekind of 10B. I	KIND OF B	USINESS OR INDUSTR	11. BIRTHPLACE (St	tate or foreign cou	ntry)	12. CHTIZI WHAT	EN OF COUNTRY?
13. F	ATHER'S N	NAME	0 .			14. MOTHER'S MAI	DEN NAME			
	ul	red ?	wia	er						
15. \ Yes, n	VAS DECE (SE o or unknown)	D EVER IN U. S (If yes, give wa	ARMED FORCE		SECURITY NO.	17. INFORMANT	Johns Hopki	ns Hospit	DDRESS	
1	8. 77/	' Y			CAUSE	OF DEATH	Baltimers			AL BETWEEN
	DISEAS	E OR CONDI		TLY			4		ONSET	AND DEATH
	(This does	LEADING TO	mode of dying	e. g.,	(A) F-1	malur	لي	0000.0000.00	70	Carpo
	injury or	re, asthenia, ctc. complication v	. It means the d which caused o		UE TO		1			
		ANTECEDENT	CAUSES							
Z	DISEASES	OR CONDITION	ONS, IF ANY, O	SIVING	(B)					***************************************
-	UNDERLY	HE ABOVE CAUS	SE (A) STATIN ION LAST.	G THE D	UE TO					
0				Gelli	(C)			***************************************		••••••
Ē	OTHER S	II IGNIFICANT	CONDITIONS	CON						
H H	TRIBUTING	TO THE DEATH	H. BUT NOT RE	LATED						
1 1		F OPERATION			INGS OF OPE				20. A	UTOPSY?
Z									YES	NO
		ENT WAS UNI R CONTRIBUT DEATH			FINJURY (e. g., cory, street, office bldg.			timore City, g	give exact l	ocation)
2	TIME (	(Month) (Day)	(Year) (Hour)	21E. II	NJURY OCCURE	RED 21F. HOW DID	INJURY OCCUP	₹7		
				m. WHILE A				les but		
2	22. I hereb	y certify tha	t I attended	the decea	sed from	au 3) ( 1951,	, to may	6, 195	that I le	ast saw the
			24 6, 195	L. and ti	hat death occu	rred at 2 - Pm.,	from the cause	sand on th	ne date st	ated above.
2	3A. SIGNAT	" W	Buch	2		238. ATRESONNS P	- 0.5		23c. DA	TE SIGNED
24A.	BURIAL, C	REMA- 24B. D	DATE	24c. N	M. D.   AME OF CEMETI	ERY OR CREMATORY	24b. LOCATION	(City, town,	or county)	(State)
HUN,	REMOVAL (S	pecity)		1	Horf O	refered				
DAT	E RECEIVE	D BY REGIS	TRAR'S SIGN	ATURE	4	25. FUNERAL DIRE	CTOR		ADDRESS	3
MA	Y 2315	151 Juni	ALL STATE !	that	小村山 〇	1 4 6 7	7			
	VS 150	ospital	2 Ding	Rosin	Paris . II		Q		1	59
				4						-



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Infant Hawkins DEATH April 23,1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland Baltimore A. STATE before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION The Johns Hopkins Hospital Middle River Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Route 14 Box 806 Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) Il Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months; Days | Hours : Min. 4-23-51 Single Male 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Infant Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ronald G. Hawkins Hazel Rose 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. No Hospital Records 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY origenite abnormalit LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT.  $\bar{0}$ 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE m. WORK AT WORK 4-23 1951 to . 19 54 that I last saw the 22. I hereby certify that I attended the deceased from. 4-23 19 51. and that death occurred at 1: 141. m., from the causes and on the date stated above. deceased alive on\_ 23A STONATURE 23c. DATE SIGNED The Johns Hopkins Hospital 24A. BURIAL, CREMA-24C/NAME OF CEMETERY, OR CREMATORY | 24D. LOCATION (City, town, or county) 24B. DATE DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

A THE WASHINGTON OF THE WASHINGTON OF THE WASHINGTON The second second

51 4643 BALTIMORE CITY HEALTH DEPARTMENT 51.10193 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Baby Boy (Clarissa) Johnson May 10,1951 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence S. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A STATE Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR Baltimore City Hospitals ocation) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Life 628 Dover, St. (30) ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 8. DATE OF BIRTH 9. AGE (In years) last birthday) | Months: Days | Hours: Min. Male Single May 7,1951 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Johnson Clarissa Robinson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT Baltimore City Mospitals (Yes, no or unknown) SECURITY NO. 4940 Eastern Avenue INTERVAL BETWEEN CAUSE OF DEATH

ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Subarachnoid hemorrhage Life Prematurity heart failure, asthenia, etc. It means the disease, Life injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION MEDICAL

PID. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21B. PLACE OF INJURY (e. g., in or

about home, farm, factory, street, office bldg., etc.)

NOT WHILE

22. I hereby certify that I attended the deceased from\_ 5-7

. 19 51, and that death occurred at 2:25p m., from the causes and on the date stated above. deceased alive on 5-10 23A. SIGNATURE

MAN TULI A SON

23B. ADDRESS 4940 Eastern Avenue 24c. NAME of CEMETERY OR CREMATORY | 24o. LOCATION (City, town, or county)

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

23c. DATE SIGNED 5-21-51

, 19 51to 5-10 , 19 51 that I last saw the

(If in Baltimore City, give exact location)

Cremation DATE RECEIVED BY LOCAL REGISTRAR

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

HOMICIDE

21A. ACCIDENT, SUICIDE.

(Specify)

REGISTRAR'S SIGNATURE

B.C.H. Crematory 25. FUNERAL DIRECTOR

4940 Eastern Avenue

ADDRESS

Alterial and the State of Stat HERSALD TO SHILLS a soft of the and the second of the tweety was a set on the second Tables College of the Charles Chin

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5	lall	unavo	BAL	TIMORE CITY HI	EALTH DEPARTM	MENT	51	4644
CERTIFICATE OF DEATH Registered No.								
	NAME OF DI	t, at	long	Ross		2. DATE OF DEAT	MHU	17,1951
	PLACE OF DE Baltimore C	EATH: lity, Maryland	051	-6	4. USUAL RESIDEN		sed lived. If instit	ution: residence before admission)
	FULL NAME	OF (If not in hospit	al or institution	on, give street address or location)		ND P	alteria	
IN 2	ISTITUTION	JOHNS MOPK	ns nospir		MONKT	MA		te RURAL and give township)
		cay in Baltimore		Yrs. Mos. Days	D. STREET ADDRES	5S (If rural, give l	location)	360
J.	JALL	White	WIDOW	MARRIED.  ED. DIVORCED (Specify)	1883	9. AGE (last bi		Year If Under 24 Hours Days Hours Min.
worl	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	ver)	ate or foreign count		WHAT COUNTRY?
13	. FATHER'S N	AME 7			14. MOTHER'S MAII	DEN NAME		/
15 (Ye	. WAS DECEASE s, no or unknown)	D EVER IN U.S. ARMEI (If yes, give war or deter	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	IS APPLIES NO	ADDRE	ess
ERTIFICATION	heart failuinjury or  DISEASES RISE TO THUNDERLY	LEADING TO DEAT not mean the mode of the asthenia, etc. It means the complication which the complication which the complication which the complication which the complication of the compl	f dying, e. g. ns the disease aused death. ES ANY, GIVING STATING THE ST.	(B)			The state of the s	- J. do y
CE	TO THE DI	TO THE DEATH, BUT	CAUSING IT	,				
AL	19A. DATE O	F OPERATION 1	9B, MAJOR	FINDINGS OF OPER	ATION			YES NO
EDICAL		ENT WAS UNDER CONTRIBUTING	21B. PLA ebout home, fe	CE OF INJURY (e. g., i rm, fectory, street, office bldg.,	21c, WHERE DIE		nore City, give e	
Σ	TIME (	Month) (Day) (Year)	w	1E. INJURY OCCURR. HILE AT NOT WHILE AT WORK		INJURY OCCUR?		
	22. I hereby deceased al			nd that death occur	3B. ADDRESS	to 3 - 17 - from the causes AOPKINS KOSP	and on the da	at I last saw the te stated above.
24 TIC	IA. BURIAL, C ON, REMOVAL (S)	REMA- occify) 24B. DATE	2	4c. NAME OF CEMETE	CAL SCHOOL M	24b. LOCATION	City, town, or co	avty) (State)
	ATE RECEIVED CAL REGISTR AY 2319		SIGNATUR	RÉ O	25 FUNERAL DIRECTION	PHOND	ADD	RESS
	VS 150	· Casas.	e see that the		1.1.			26a

Hospital disposed of body. Prmission given Dr. Chant (Asst. Director)
by State Anatomical Board. No further information as to patient's parents
could be obtained.

MEG ESTITETION

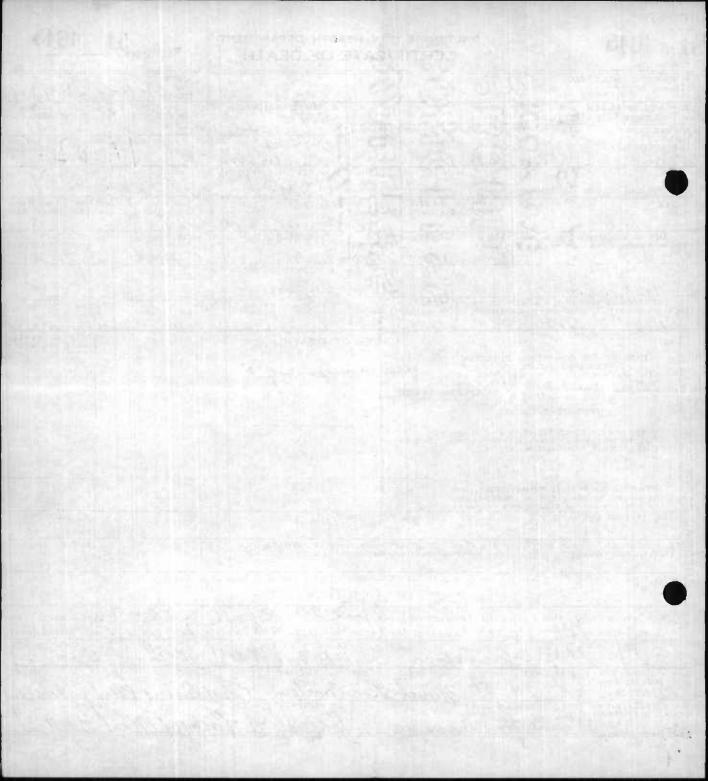
STATE OF STA

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5	4645

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4645

-	IRTH NO.						
	NAME OF P	ECEASED (	Aller	1		2. DATE OF DEATH MOZ	20-1951
3. PLACE OF DEATH:  a. Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)		
H	FULL NAME OSPITAL OR STITUTION	OF (If not in hospi	ital or instituti	ion, give street address o location		f outside corporate l'mits,	
4	200.	Vil-Ba	Cou.	Hours.	Baltin		( township)
	ength of s	tay in Baltimore		Yrs. Mos. Days	11100165	rural, give location)	S.
5	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED,	8. DATE OF BIRTH	9. AGE (In years) If Un last birthday) Mont	der I Year   N Under 24 Hours hs: Days   Hours   Min.
10	M. 11811 11 25	CURATION(G: N:	1		5-6.1814	77 4	
wor	a dene duriog most o	CUPATION (Give kied of of working life, even if retired	D.O	OF BUSINESS OR		oreign country)	WHAT COUNTRY?
13	B. FATHER'S	NAME	Viveana	l Pork apter	14: MOTHER'S MAIDEN N	AME	u.o. A
	unks	rum			Einkneur		
(Ye	MAS DECEASE	ED EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Todan ADE	PRESS dans
_	YU	gro		212-03-948	The phelle 4	I dellay 21	ONW Sold St
		2 X 1		CAUSE	OF DEATH	CV	ONSET AND DEATH
		LEADING TO DEA	ATH	Hen	ribleain		
	heart failu	not mean the mode ire, asthenia, etc. It me complication which	ans the disease	e,		***************************************	** ************************************
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Z				(B)	•••••	••••	***************************************
E	RISE TO T	S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION L	) STATING TH	E DUE TO			
ICA	ONDERL	TING CONDITION E					
TIF		П		(C)			
CER	TRIBUTING	GIGNIFICANT CONE TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D			
				FINDINGS OF OPE	RATION		20. AUTOPSY?
CA	21A ACCIDE	NT, SUICIDE,	21a DI A	CE OF INJURY (e. g.,	in or   21c. WHERE DID (	If in Baltimore City, giv	YES NO NO
MEDICAL	HOMICIDE	(Specify)		arm, factory, street, office bldg.,	etc.) INJURY OCCUR?	in buttimore only, giv	e exact location)
-	21D. TIME (	Month) (Day) (Year		21E. INJURY OCCURE		Y OCCUR?	
L			m,	WORK HOT WHILE			
		y certify that I at	1 1	//	120, 19, to 1	10,20,451,	that I last saw the
	deceased al		7,193,0	and that death occu	rred at 1 2 10 ml, from t	he causes and on the	date stated above.
8		17 AD	hus		403 Me 9	will	5.20-51
	4A. BURIAL, CON REMOVAL (S		4-51	24c. NAME OF CEMETE	B. Tan	OCATION (City, town) or	county) (State)
	ATE RECEIVE		SSIGNATU	Minus Octon	25. FUNERAL DIRECTOR	i amue Cli	DORESS /
L	MAY 231	951 turting	ton Nell	esta Mar	Joseph a di	vely 66/9/est	Banest
	VS 150		4 4 4	Sections.	1 4	1	200



6	25
51	4646
BIRTH	NO.

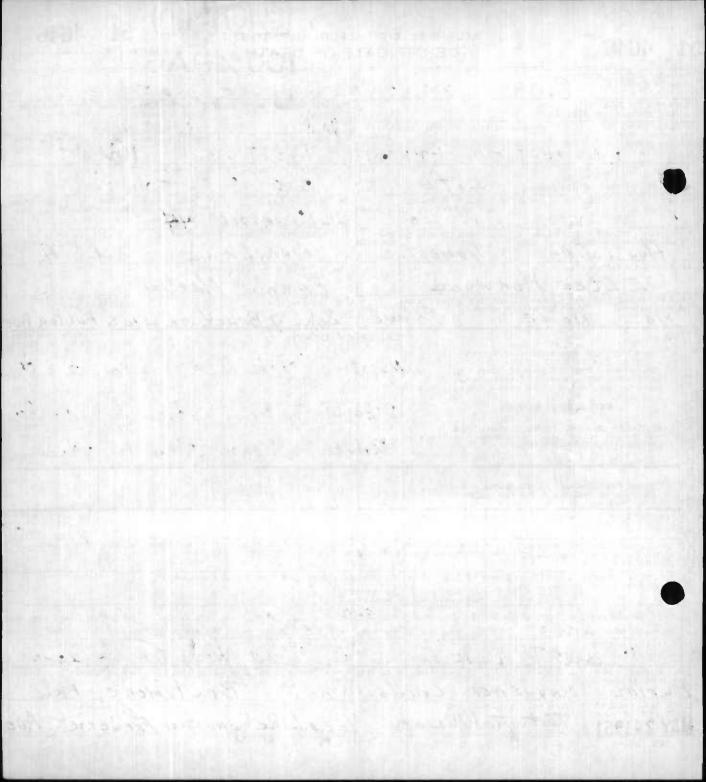
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

4646

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) OF CKNE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give INSTITUTION 4 DiTel 1 Yrs. (If rural, give location) Mos. FUITON igth of stay in Baltimore Davs 7. SINGLE, MARRIED.\*
WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min CVVIA 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CLTIZEN OF work done during most of working life, even if retired) ANDUSTRY OMESTIC HOUSEWIFE 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. NONE NO WER 2105 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, lnjury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Stohosic Repuma OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 3-9-, 195 ) that I last saw the deceased alive on 5- 23 \_\_\_, 19\_5], and that death occurred at\_ A.m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION REMOVAL (Specify) OURIAL Loudon DATE RECEIVED BY STRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

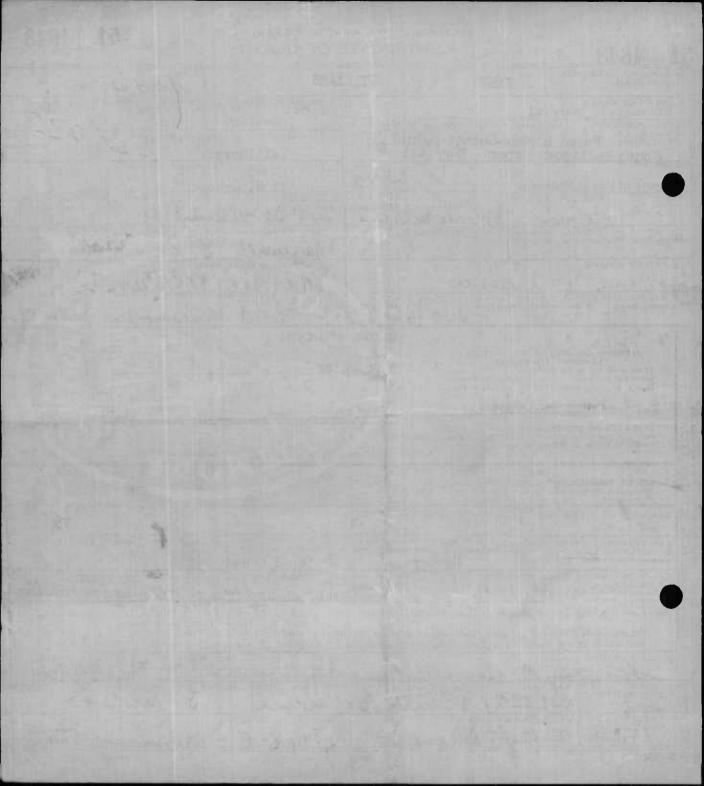
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1	4647 RTH NO.		BALTIMORE CITY HE CERTIFICATI		Registere	51 4647
	NAME OF D	ECEASED (STULL LE	N. F. F. A. T. F. F.	550	2. DATE OF	1/23/5/
	PLACE OF D		DIFFENDER	4. USUAL RESIDENCE	DEATH (Where deceased live	
В.	FULL NAME OSPITAL OR ISTITUTION		tal or institution, give street address or location)	he angle	ud.	inits, write RUVAL and give township)
	ength of s	tay in Baltimore	Yrs. Mos. Days		If rure, live location	Bue:
5.	SEX H.	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9 AGE (In year	Months Days Hours Min.
		CUPATION (Give kind of working life, even if retired.		11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	IAME		14. MOTHER'S MAIDEN		KATU ALEKTI
15	mol	ter j.	Defenderfer	· Idua	E. Ke	mell.
(Ye	s, no or unknown)	D EVER IN U.S. ARME (If yes, give war or date	D FORCES? VI6. SOCIAL VIEW SECURITY NO.	17. INFORMANT P+.		ADDRESS
ERTIFICATION	(This does heart failt in jury or DISEASE RISE TO TUNDERL'	SE OR CONDITION LEADING TO DEA to the mode the m	of dying, e. g., ans the disease, caused death.)  SES  IF ANY, GIVING OUE TO  STATING THE OUE TO  OITIONS CON- NOT RELATEO	pateuse	c. . c.v.	ONSET AND DEATH
U		F OPERATION	N CAUSING IT.	ATION		20. AUTOPSY?
IEDICAL	21a. ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.		(lf in Baltimore Ci	ty, give exact location)
Σ	ID. TIME	(Month) (Day) (Year	) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK			
	22. I hereb deceased a	live on 5/23/	and that death occur			9 I that I last saw them the date stated above.  23c. DATE SIGNED
금	AA. BURIAL, ON, REMOVAL (S DIVID ATE RECEIVE	D BY   REGISTRAR	24C. NAME OF CEMETE 1, 195/ Suen Ru SISIGNATURE	11	authorition (City,	own, or county) (Suite)  ADDRESS
	MAY 24'	951	549	Marie St	Sione.	grandlace 13
			/ /			

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51 4649 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: (Where deceased lived. If institution: residence 4. USUAL RESIDENCE A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION (If rural, give location) gth of stay in Baltimore AGE (In years If Under 1 7 Hours I Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR E (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY 13. FA HER'S NAME DECEASED EVER IN A. S. ARMED FORCES? 16. SOCIAL SECURITY NO 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.)

#### ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUF TO

21c. WHERE DID

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

194. DATE OF OPERATION 198. MAJOR FINDINGS OF, OPERATION

21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY NOT WHILE WHILE AT WORK

REGISTRAR'S SIGNATUR

1950 to Man 22, 1951, that I last saw the 22. I hereby certify that I attended the deceased from M hand 23, 195/, and that death occurred at 1245Am., from the cluses and on the date stated above. deceased alive on Man 23B. ADDRESS 23c. DATE SIGNED

24C. NAME OF CEMETERY OF CREMATORY 240. LOCATION (City, town, or county)

24A. BURIAL, CREMA-

VS 150

(If in Baltimore City, give exact location)

20. AUTOPS

DATE RECEIVED BY

Dr. Grant March March

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE. (Type or Print) 4 USUAL RESIDENCE (Where deceased lived, It institution: residence DEATH 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN outside corporate limits, write RURAL and give INSTITUTION Yrs. Mos. c. mength of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, MARRIED If Under 1 Year AGE (In years) If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. married 60 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of 10B. KIND OF BUSINESS OR INDUST 12. CITIZEN OF te or foreign country) INDUSTR WHAT COUNTRY? lasterer 13. FATHER'S NAME CONIT 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO INTERVAL BETWEEN 18. DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL nous YES 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-2 Ic. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING CAUSE OF DEATH about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? moul ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2 IF. HOW DID INJURY OCCUR? INJURY WORK 22. I hereby certify that I attended the deceased from or L, that I last saw the deceased alive of 404 . and that death occurred at m., from the causes and on the date stated above. 23A. SIGNATURE 24A. BURIAL CREMA- 24B. DATE NAME OF CEMEJERY OR CREMATORY town, or county) DATE RECEIVED BY LOCAL REGISTRAR

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# BALTIMORE CITY HEALTH DEPARTMENT

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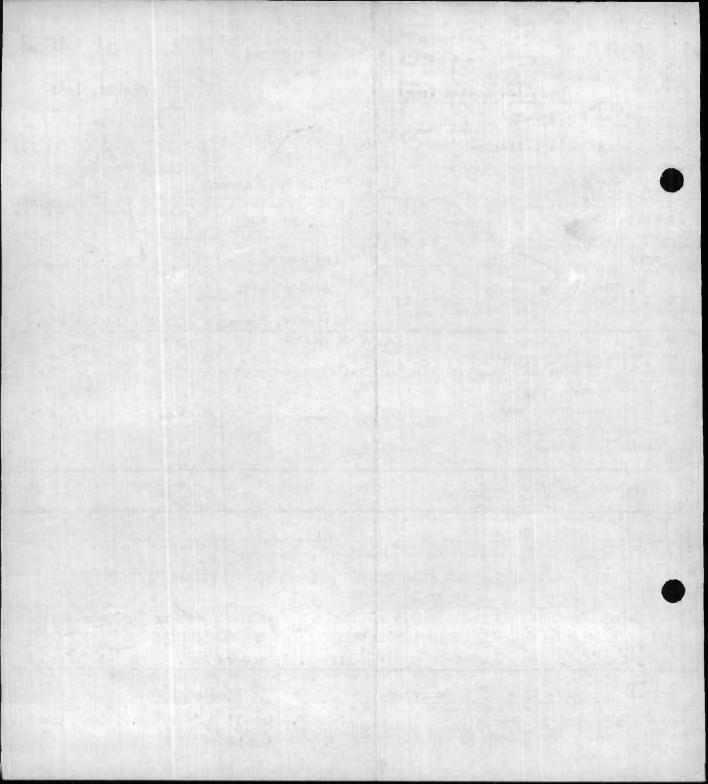
1 <sub>RTH</sub> 4651 CERTIFICATE	E OF DEATH Registered No.
I. NAME OF DECEASED (Type or Print)  Margaret Abrahams Harringto	2. DATE OF DEATH May 23, 1951
3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or hospital OR location) INSTITUTION Hampton Court Apts.	C. CITY OR TOWN (If outside corporate limits, wrife RURAL and give township
gth of stay in Baltimore life Yrs. Mos. Days	Hampton Court Apts. Dolhpin St. Linden Av
Female 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min. 77
IOA. USUAL OCCUPATION (Give kind of prk done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	Baltimore, Md. 12. CITIZEN OF WHAT COUNTRY
Willey Woodward Abrahams	14. MOTHER'S MAIDEN NAME Eva Sanderson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give wer or dates of service) SECURITY NO.	Mr. Roszel Thomsen 10 Light St.
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	forteies in
TO THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERA	ATION   20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., et	
CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRE  WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from deceased alive on 23, 195, and that death occurre	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?
24a. BURIAL, CREMA- TON REMOVAL (Specify)  May 25, 1951  Green mount	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)  Baltimore, Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	28. PINERAL DIRECTOR ADDRESS  OLD JULY 1900 Eutaw Place
VS 150	A G G G G G G G G G G G G G G G G G G G

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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1 4652

BIRTIT NO.					
1. NAME OF DECEASED (Type or Print) Juliet L	ouise Cowman		2. DATE OF DEATH May	23, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission			
B. FULL NAME OF (If not in hospital or instruction 1615 Park Avenue	Incation)	Maryland none  C. CITY OR TOWN (If outside corporate limits, write RURAL and given baltimore)  Baltimore			
c. Bength of stay in Baltimore	6 Yrs. Mos. Days	D. STREET ADDRESS 1615 Park Ave		-01	
famolo white WI	NGLE, MARRIED, DOWED, DIVORCED (Specify) idowed	8. DATE OF BIRTH  Jan. 23, 1866	last birthday) M	If Under 1 Year on the Days Hours Min.	
ork done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
J. Wherley Van Sant		Amelia Meyer	***************************************		
15. WAS OECEASED EVER IN U. S. ARMED FORCE Yes, no or unknown) (If yes, give war or dates of servi-	16. SOCIAL SECURITY NO.	Walton V. Cowme		ington Ave.	
heart failure, asthenia, etc. It means the dinjury or complication which caused and anticolor of complication which caused and anticolor of complication which caused and anticolor of complication caused and anticolor of complication caused and anticolor of complication caused and anticolor caused anticolor caused and anticolor caused anticolor cau	CDN-	sturine C-V	Auim	10 4	
	JOR FINDINGS OF OPER	ATION		20. AUTOPSY?	
	. PLACE OF INJURY (e. g., in home, farm, factory, street, office hidg., e		(If in Baltimore City,		
D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR  WHILE AT NOT WHILE MORK AT WORK	ED 21F. HOW DID INJU	JRY OCCUR?		
22. I hereby certify that I attended deceased alive on VV May 132 234. SIGNATURE	and that death occur	3B. ADDRESS	n the cause and on t	23c. DATE SIGNED	
24A. BURIAL, CREMA- 24B. DATE	M. D.   -	1134 E. Belveder	· E AVO • City, town	74 May 51	
burial   5 - 25 - 51	Lorraine	Wo	odlawn, Md.		
DATE RECEIVED BY REGISTRAR'S SIGN MAY 241951	Miama, M.	John O.Mitchell		1900 Eutaw Pl.	
A 97		1941 17 11 11alva	11		

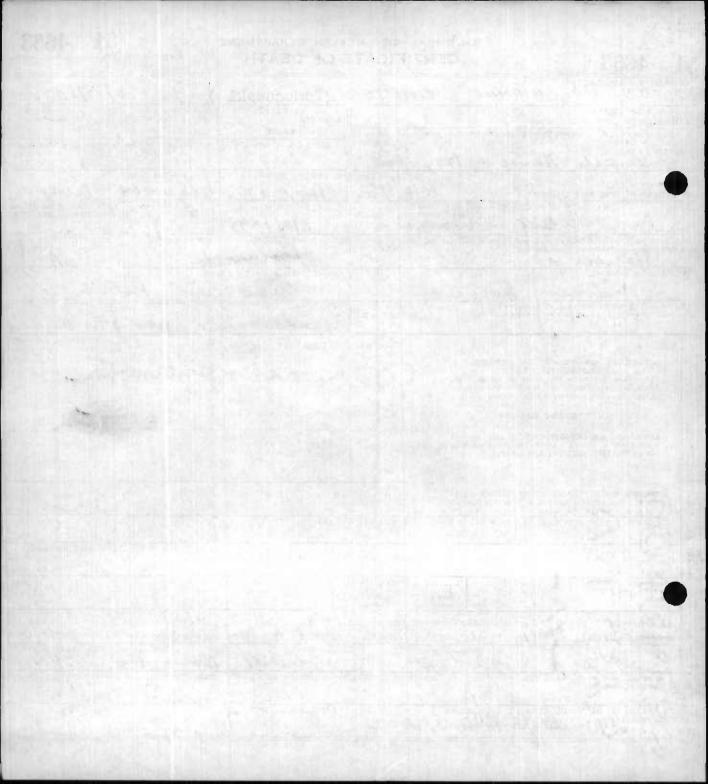


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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

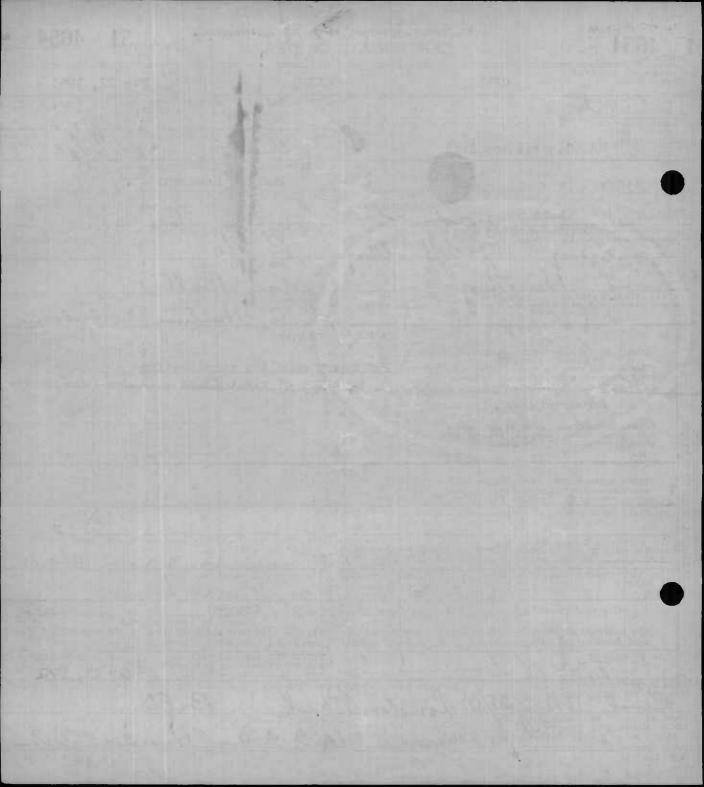
	51	4653
Registered		1000

GERTII NO. CO				
1. NAME OF DECEASED (Type or Print) MARIANNE CHESTER	(Tomczewski) 2. DATE OF DEATH 5/22/51.			
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)				
INSTITUTION Che House & Hospital.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Yrs.	D. STREET ADDRESS (If rural, give location)			
c. Length of stay in Baltimore #44 Y Moss.	Box 276, Dogwood live:			
F. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDGWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. GE (In years of Under 1 Year of Under 24 Hours of Months Days Hours of Min.			
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done durips most of working life, even if retired)	11. BIRTHPUACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?			
Houseaft.	Polandi. USA.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Johann Hoppinan.	Madeline Polish.			
15. WAS DECYASED EVER IN U. S. ARMED FOR 197 16. SOCIAL (Yes, no or nnk lown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS			
	Sharramy Point Boy 274, Dogwood			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	OF DEATH ONSET AND DEATH			
Z (B)				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
(c)				
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
. 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION   20. AUTOPSY?			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	or   21c. WHERE DID (If in Baltimore City, give exact location)			
1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE				
m. WHILE AT NOT WHILE AT WORK				
deceased alive on 5/2/10, 1951; and that death occur	red at 1. 4 m., from the causes and on the date stated above.			
	3B. ADDRESS  Volumely Home Hos. 5/445/			
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)			
Burnal May 25/51 St Mariala	us cem Balto. I ma			
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS			
MAY 24 1531	/ M. M. W. M.			
VS 150	107 Street			

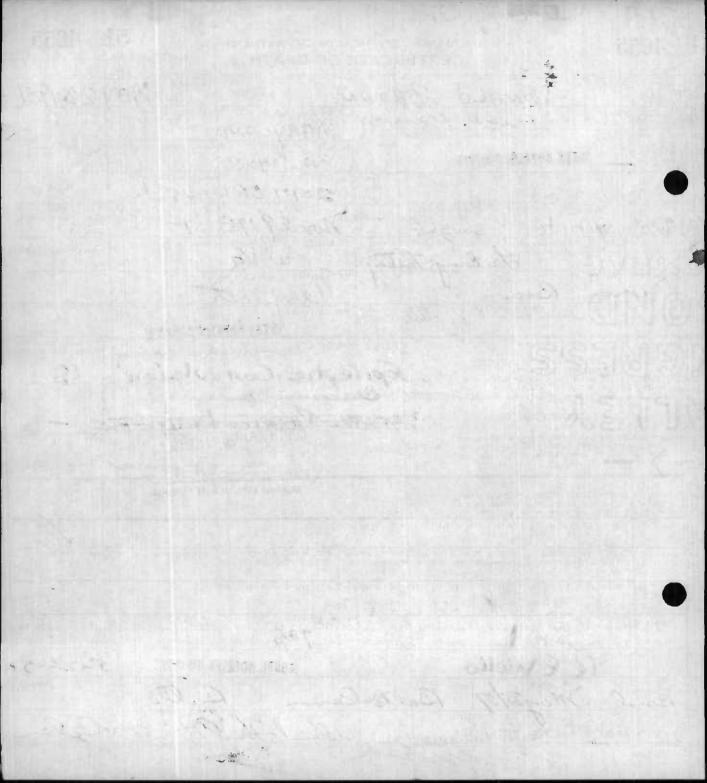


## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 4654

B	IRTH NO.			CERTIFICAT	E OF DE	AILLI			
	NAME OF D		CELIA		WOODGER		2. DATE OF May 2	22,	1951
Α.		City, Maryland			A. STATE M	sidence (Wharvland	ere deceased lived. If B. COUNTY	instit	ution: residence before admission
H	OSPITAL OR	Md. General I		on, give street address or location)	C. CITY OR T		utside corporate imit	s. Øi	te RAL and giv township
7	noth of s	tay in Baltimore		Yrs. Mos. Days		- No. 1	nument St.		
	SEX	6. COLOR OR RACE		. MARRIED. ED,DIVORCED (Specify)	8. DATE OF E		9. AGE (In years)	i Under i	Year   If Under 24 Hours Days   Hours   Min.
	EMALE DA. USUAL OC	White CUPATION (Give kind of	LAT 10B. KIND	OF BUSINESS OR	11. BIRTHPLA	CE (State or fore	66		CITIZEN OF
		of yorking life, even if retired)	gre	I Clathy	K	Ballo	,		WHAT COUNTRY
_	Father's N	1- Hail	eng	(m) 1	14. MOTHER'S	MAIDEN NAM	alle,		
15 (Ye	5. WAS DECEASE a, no or unknown)	D EVER IN U.S. ARMED (If yes, give war or dates	FORCES:	16. SOCIAL SECURITY NO.	John G	Han	Tung al	DDRE	dom
	DISEAS (This does heart failu	903,3 SE OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which c	TH f dying, e.g ns the disease		of DEATH nary embolacture of				NTERVAL BETWEEN
ATION	DISEASES RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA	ES ANY, GIVIN STATING TH	(B)		118110 10			
ERTIFICATION	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D					
LC	19A. DATE O	F OPERATION 1	B. MAJOR	FINDINGS OF OPER	ATION				20. AUTOPSY?
MEDICAL	UNDERLYING UTING D CO. 21D. TIME (P. INJURY May 1. 22. I certif		A m. ge of the	CE OF INJURY (e.g., in factory, street, office bldg., eif Bros Manual 16. INJURY OCCURRING MORK NOT WHILE AT WORK AT WORK	hing Home 21f. How Slipp	neland Ave DID INJURY Ded and fe Autopsy Autopsy, In	occur?  211 to floor  spection or Inquiry	e, the	Maryland 27/11 ereon and fron
(21)	and dec	URE A PATE	resulted fr	osy, Inspection or I com: natural causes	accident  238. CHIE ASSISTAN MEDICAL	F MEDICAL EX T MEDICAL EX T MEDICAL EX INVESTIGATOR	], homicide [], u	ndete c. DA	ermined []. TE SIGNED  1.951
D/ LC	ATE RECEIVED CAL REGISTE	BY REGISTRAR'S	1 111	Loudon (	25. FUNERAL	DIRECTOR	How 20	ADD 08	RESS Colom
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MED. EXAM. C.ASE 51 4655 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DONALD OF DWN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate lights, write R LRAL and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) Il Under I Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 108, KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) ANDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nuknown) (If yes, give war or dates of service) SECURITY NO 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO CAT UNDERLYING CONDITION LAST. L CHIEF OR ASST. MEDICAL EXAMINER. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUT EDICAL 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NJURY WORK AT WORK 22. I hereby certify that I attended the deceased from\_ 19\_\_\_, that I last saw the deceased alive on Do A Am., from the causes and on the date stated above. . 19\_\_\_\_ and that death occurred at\_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED LONES HOPELIES HOSPITAL 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24B. DATE 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150 -



MAY 241951

51 4656 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED GERTRUDE BOSSE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND location) (If outside corpor: le fimits, writ) RU cAL and give Venthor C. CITY OR TOWN INSTITUTION ALTIMORE 536 S. Chapel Gate Lane D. STREET ADDRESS (If rural, give location) Yrs. Mos. 190 LINNARD c. Length of stay in Baltimore Davs 6 COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours: Min. Feb. 7, 1890 female white married 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) **INDUSTRY** Housewife At Home Utah 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Martin Lenzi Caroline 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mr. Martin L. Bosse - 790 Linnard St. CAUSE OF DEATH 18. ONSET AND DEATH Chronic MYOCARDITIS AND DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) MYOCARDIAL Degeneration (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Auricular Librillation ANTECEDENT CAUSES 6 YEARS DISEASES OR CONDITIONS, IF ANY, GIVING OUE TO OChronic Decompensation IYENR RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive (ARDio-Unsaular 1048ARS Disease with Extereme LEFT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 22. I hereby certify that I attended the deceased from June . 1947, to MAY 23, 1951, that I last saw the deceased alive on MAY 22, 1951, and that death occurred at 8.454 m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE relier n. Briles 2030 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 5/26/51 Loudon Park Cemetery Balto. Md. REGISTRAR'S SIGNATURE 25 FUNERAL PRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR multiples / / Milacus, Mile

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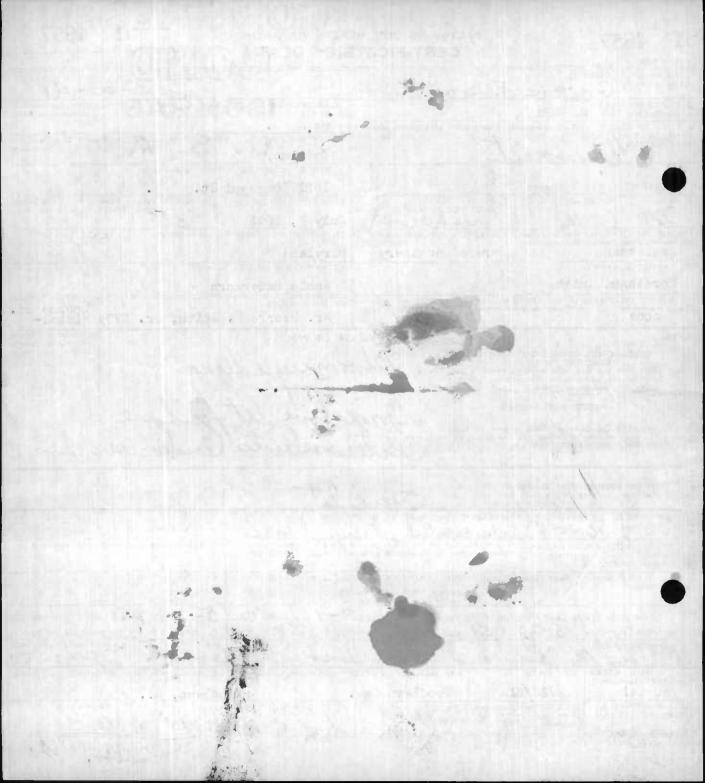
to be the transfer of THE EXECUTED OF MISSION OF . L. . Tree Land to went home the land

53	4657	
BIRTH	NO	

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4657

BIRTH NO. CERTIFICATI	E OF DEATH Registered No.				
1. NAME OF DECEASED	2. DATE.				
George 1. 2min	DEATH U-23-3/				
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)					
INSTITUTION	C. CITY OR TOWN (If outside corpor a mints, with RORAL and give township)				
Yrs.	Baltimore  D. STREET ADDRESS (If rural, give location)				
c. Light of stay in Baltimore Mos.	1921 Longwood St.				
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) II Under 1 Year 1 Under 24 Hours				
m widowed (Specify)	July 3, 1865 last birthday) Months Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF				
salesman Hdwre & Machinery	Maryland WHAT COUNTRY?				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Ferdinand Smith	Annie Haberkorn				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESSOURCE Rd.				
none	Mr. George F. Smith, Jr. 3704 Winter-				
1B. 422	OF DEATH				
DISEASE OR CONDITION DIRECTLY	A DEATH				
(This does not mean the mode of dying, e.g.,	noncry edima				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	/				
ANTECEDENT CAUSES					
Z (B) Cong	color ly failure				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	- 1 + 10 1 . 12 1 .				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	willotte (aider-Vas. des.				
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OTHER SIGNIFICANT CONDITIONS CON-	0.+				
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
. 19A. DATE OF OPERATION O   19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?				
3-16-51 Viscon circle it is	ng. lilihea YES NO				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., c					
S CAUSE OF BEATH					
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE					
m. WHILE AT NOT WHILE AT WORK					
22. I hereby certify that I attended the deceased from					
deceased alive on 5-23, 1951, and that death occur	rred at 255 Pm., from the causes and on the date stated above.				
200 SIGNATURE (V)	38. ADDRESS 23c. DATE SIGNED				
24A, BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)				
TION, REMOVAL (Specify)					
Burial 2/26/51 Woodlawn Com. DATE RECEIVED BY   REGISTRAR'S SIGNATURE					
LOCAL REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS				
MAY 2 41951	#1/MI- WINNING I AMI				
WS 150	G37 Batto Mid.				

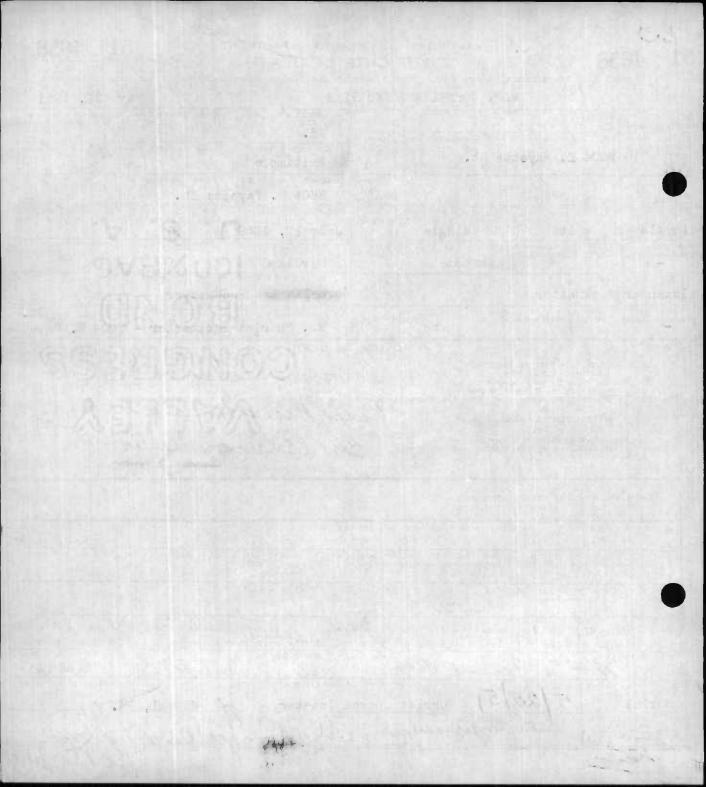


252 51 4658

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4658

BIRTH NO.							71
1. NAME OF I (Type or Print)		MARY COL	RNELIA BUCKMAS	TER	2. DATE OF DEATH Ma	y 22, 1951	
3. PLACE OF I A. Baltimore B. FULL NAME	City, Maryland	al or instituti	ion, give street address or	4. USUAL RESIDENCE (WA. STATE		If institution : reside before adm	
HOSPITAL OR			location)	c. CITY OR TOWN (If Baltimore	outside corporate lim		nd give wnship;
c. Length of	sta <b>y in Ba</b> ltimore		Yrs. Mos. Days	D. STREET ADDRESS (If 2604 E. Fayett	200.00		
5. SEX female	6.COLOR OR RACE	WIDOW	MARRIED, ED, DIVORCED (Specify)	s. DATE OF BIRTH July 12, 1859	9. AGE (In years last birthday)	If Under 1 Year If Under Months Days Hours	24 Rours Min.
10A. USUAL Of ork done during most	CCUPATION (Give kind of tof working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or for Maryland	oreign country)	12. CITIZEN OF WHAT COU	
13. FATHER'S	NAME			14. MOTHER'S MAIDEN NA	AME		-
	Buckmaster			Cornelia AnnuBuck			
Yes, no or unknown	SED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO. <b>none</b>	Mr. Charles Bu			ot. rette
(This doe heart fail	ASE OR CONDITION LEADING TO DEA' se not mean the mode of lure, asthenia, etc. It mean complication which of	TH  of dying, e. g  ns the disease  aused death	(A) Of	conary Och	Pusion	INTERVAL BE ONSET AND	
RISE TO UNDERL	ES OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA  II SIGNIFICANT CONDI IG TO THE DEATH, BUT DISEASE OR CONDITION	TIONS CON	(C)	M. aleeco	-selevio		
			FINDINGS OF OPER	RATION		20. AUTOF	SY?
	DENT WAS UNDER- OR CONTRIBUTING	21B. PLA about home, f	ACE OF INJURY (e. g., i arm, factory, street, office bldg.,		If in Baltimore City,	give exact location	n)
P. TIME	(Month) (Day) (Year)	,	21E. INJURY OCCURR WHILE AT NOT WHILE		Y OCCUR?		
		m.	WORK AT WORK	49	1/1/122 -10	5/	.7
	by certify that I att		//	19 7/to		2, that I last so	
23A. SIGN	alive on May 22	1907,	and that deally occur	23B. ADDRESS	he causes and on	23c. DAYE SI	
24a. BURIAL, TION, REMOVAL Burial	CREMA- (Specify) 248. DATE 5/25	151	24c. NAME OF CEMETE	h Cemetery	OCATION (City, tow	n, or county) / (	State)
DATE RECEIV LOCAL REGIS MAY 2		E SIGNATURE	haus, is	25 FUNERAL DIRECTOR	clever &	ADDRESS	
VS 150		CEC.	1. 3. W. 1. 4.	4	025 K	Lalto	11,0

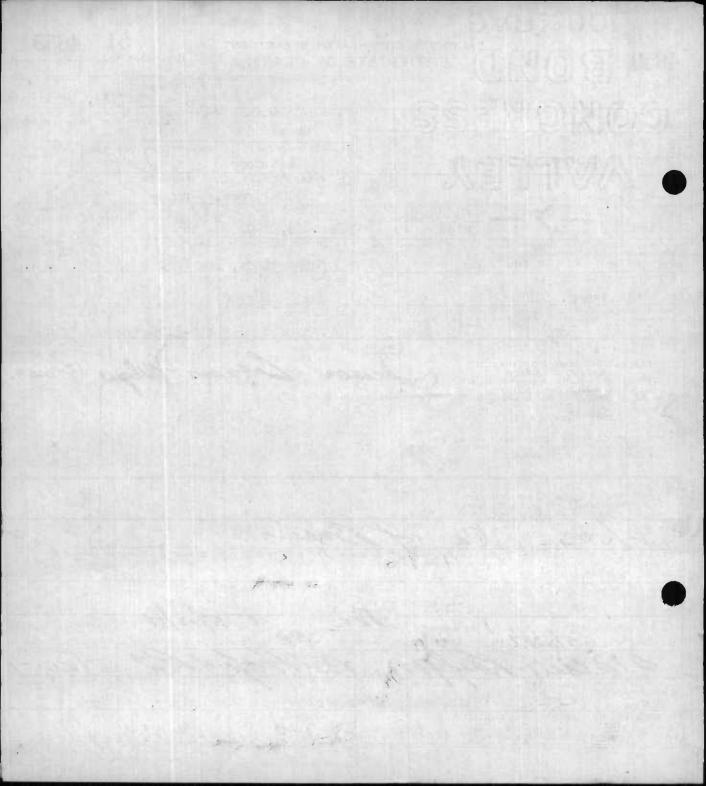


3.	20
46 BIRTH	559

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4659 Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print)  MAE C. POTT	rs	2. DATE OF DEATH MAY 23, 1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland		A. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)  Maryland
HOSPITAL OR	nstitution, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write KURA), and give
3105 Tyndale A	Avenue	Baltimore
	Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore	Mos. Days	3105 Tyndale Avenue
5. SEX   6. COLOR OR RACE   7. S	INGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years if Under I Year lagt birthdny) Months; Days Hours Min.
	Married	Dec. 13, 1902   48
10A. USUAL OCCUPATION (Give kind of 10B. work done during most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	lome	Schenectady, New York U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
William H. Fuller		Mae Flashover
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of ser	CES?   16. SOCIAL vice)   SECURITY NO.	17. INFORMANT ADDRESS
No None	None	Mr. Harold J. Potts-3105 Lyndale Avenue
18. 192 X	CAUSE	OF DEATH
ZO DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT IT TO THE DISEASE OR CONDITION CAUSE	(B)	
. 19A. DATE OF OPERATION   19B. M	MAJOR FINDINGS OF OPER	ZO. AUTOPSY?
LYING OR CONTRIBUTING about CAUSE OF DEATH	B. PLACE OF INDURY (e. g., in thome, farm, factory, street, office bldg.,	
). TIME (Month) (Day) (Year) (Hou INJURY	m. WHILE AT NOT WHILE	
22. I hereby certify that I attende	ed the deceased from , and that death occur	1950, to 5/23/57, 19, that I last saw the
deccased alive on 5/23/1, 19.	, and that death occur	rred atm., from the causes and on the date stated above.
23A, SIMATURE	allow	38. ADDRESS 230. DATE SIGNED 3 230. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24. NAME OF CEMETE	
Removal 5-25-51	Vale Cer	netery Schenectady, New York
DATE RECEIVED BY   REGISTRAR'S SIG		25. FUNERAL DIRECTOR
MAY 2 A1951	Attliance Ass	As Che Son x less - Morth x tenna (eves
VS 150	And the second	54Balto, Md



BALTIMORE CITY HEALTH DEPARTMENT  Registered NO.  BIRTH NO.  BIRTH NO.  CERTIFICATE OF DEATH  Registered NO.  CERTIFICATE OF DEATH  Registered NO.  Registered NO.  2 DATE OF THE DEPARTMENT Registered NO.  2 DATE OF THE DEPARTMENT REGISTERED REGISTER REGIS	5 44 A	5 3	2-1	ERTIFI	CATE	CORRE	CTED	6-8-51					
NAME OF DECEASED EVERTICE OF STATE   NAME OF DECEASED EVERTICAL STATE   SPECIAL PART OF If the in helpstal or institution, give street address or location	51	466	n	od sp. sp. sp.	BA					n	5.	L 4	1660
S. PLACE OF DEATH  S. PLACE OF DEATH  A. USUAL RESIDENCE (Where deceased lived, institution; residence of the property of the	BI	RTH NO.	0			CERT	IFICA	TE OF DE	ATH	Kegi	stered No.		
S. PLACE OF DEATH.  S. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address on location)  INSTITUTION  THANKS OF (If not in hospital or institution, give street address on location)  No. 17 PAY 18 PAY 1			ECEASE	D Evai	ngelos	U				OF	2-/	1/-	
B. FULL NAME OF (If not in benyltal or institution, give street address or location)  HOSPITATION  THE NEW YORK OF THE NAME OF STREET ADDRESS (If TRUE give location)				arvland	0 > /	=10//	0.01	4. USUAL RE	SIDENCE (W	Vhere decease	d lived. It inst	titution : r	esidence
STATEMENT NAME  10. USUAL DECUPATION (Give haded)	B. F	ULL NAME			tal or institu	ation, give st		or MIS		BAG	TO		4
Mos.   Day			STA	TANDE	Hon		10catio	c. CITY OR TO	OWN (If	outside corpo	rate limits.	rite RUI	
DAY OCCUPATION (Greateded)  S. COLOR OR RACE 7. SINGLE MARRIED.  WIDOWED DIVORCED Openity  WIDOWED DIVORCED Openity  10.A. USUAL OCCUPATION (Greateded)  11.BIRTHIAL ACE (State or foreign country)  11.BIRTHIAL ACE (State or foreign country)  11.A. MOTHER'S MAIDEN NAME  11.A. MOTHER'S MAIDEN NAME  11.A. MOTHER'S MAIDEN NAME  11.A. MOTHER'S MAIDEN NAME  12.A. MOTHER'S MAIDEN NAME  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (This office were or dates of service)  16. SOCIAL  SECURITY NO.  17. INFORMANT  CAUSE OF DEATH  (This office were or dates of service)  18. WAS DECEASED OCCUPATION OF DEATH  (This office were or dates of service)  19. ANTECEDENT CAUSES  ON ANTECEDENT CAUSES  ON ANTECEDENT CAUSES  OTHER SIGNIFICANT CONDITIONS ON.  TRIBUTING TO THE DEATH, BUT NOT RELATED  TO THE DISEASE OR COMDITION SURVEY (E.g., in erg. 12 C. WHERE DID  10.A. DATE OF OPERATION  10.A. DATE (Month) (Day) (Year) (Hour)  21. NACCIDENT WAS UNDER  22. FUNDAMENTAL OCCUPATION (IN MOTHER DID  23. A. GINATURE  24. A. BIRTHIAL CREMAN (ACE) (AC				7110	1105	7			DRESS (If	rural, give lo	ations	77	
WIDOWED, DIVORCED (Specify)  10.A. USUAL OCCUPATION (Give baded of logs). Minor of several file was if recited in which gains in working like was if recited in which gains in working like was if recited in which gains in working like was if recited in which gains in working like was if recited in working like was if recited in which gains in working like was if recited in which gains in working like was in which gains in the gain was	C	gth of s			1 = =		Day	8 600	1917	FAP	SCO	H	VC.
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL VILLA OF COUNTRY:  17. INFORMANT  18. JOHN OR MANDE  18. JOHN OR MANDE  18. JOHN OR MANDE  19. JOHN OR MANDE  20. AUTOPSY?  19. JOHN OR MANDE  21. PLACE OF INJURY (c. g. io or)  21. ACCIDENT WAS UNDER LOUGH OR CONDITION AUSING IT.  19. JOHN OR MANDE  21. PLACE OF INJURY (c. g. io or)  21. ACCIDENT WAS UNDER LOUGH OR CONDITION AUSING IT.  21. JOHN OR MANDE  21. PLACE OF INJURY (c. g. io or)  21. ACCIDENT WAS UNDER LOUGH OR CONDITION AUSING IT.  21. ACCIDENT WAS UNDER LOUGH OR CONDITION AUSING IT.  21. ACCIDENT WAS UNDER LOUGH OR CONDITION AUSING IT.  21. ACCIDENT WAS UNDER LOUGH OR CONDITION AUSING IT.  21. ACCIDENT WAS UNDER LOUGH OR CONDITION AUSING IT.  21. ACCIDENT WAS UNDER LOUGH OR CONDITION AUSING IT.  21. ACCIDENT WAS UNDER LOUGH OR CONDITION AUSING IT.  21. ACCIDENT WAS UNDER LOUGH OR CONDITION AUSING IT.  21. ACCIDENT WAS UNDER LOUGH OR CONDITION AUSING IT.  21. ACCIDENT WAS UNDER LOUGH OR CONDITION AUSING IT.  21. ACCIDENT WAS UNDER LOUGH OR CONDITION AUSING IT.  22. AUTOPSY?  2	5.	M		1/	WIDO	WED, DIVO		S 257	8-8.	last birt	hday) Month	r I Year s Days I	H Under 24 Hours Lours Min.
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT SECURITY NO.  18. SECURITY NO.  18. SECURITY NO.  19. MONIBOUS. 600 Policies Frue  CAUSE OF DEATH  CAUSE OF DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death).  20. ANTECEDENT CAUSES  21. SECURITY NO.  21. INFORMANT SECURITY NO.  22. ANTECEDENT CAUSES  23. SECURITY NO.  24. ANTECEDENT CAUSES  25. ANTECEDENT CAUSES  26. C.	work.	done during most of	CUPATI	ON (Give kind o	10B. KIN	D OF BUS			CE (State or fo	oreign country	12		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  18.   18.   18.   18.   19.	13.	FATHER'S N	NAME	ED	Keda	HOM	Ewwer	14. MOTHER'S	MAIDEN N	AME		U.S.	17
SECURITY NO.  SE								Cess	162				
DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF AIV, CIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO COLOR TRIBUTING TO THE DISEASE OR CONDITION LAST.  (C)  DUE TO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Solven, ferm, factory, street, officebidg., etc.)  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING ADDRESS.  21B. PLACE OF INJURY (e.g., in or INJURY OCCUR? OF INJURY OCCUR?  ANY OR WHILE AT NOT WHILE AT NO	15. (Yes,	WAS DECEASE no or unknown)	D EVER	IN U.S. ARME	D FORCES?			17. INFORMAN	VT ,	1000	ADDI	RESS	, e-
DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO CAUSE OF DEATH  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Shouthoms, ferm, factory, street, office blog, ste.) INJURY OCCUR?  AT WORK		18.	n /	cered	177	V	CAUSE	DE DEATH	onidais	· 800 th	riopco	INTERVA	L BETWEEN
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (G)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING Shouthown, form, factory, street, office bidg., stc.)  ANTECED OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR?  WHILE ATT NOT WHILE ATT NOT WHILE ATT WORK AND WORK AND		/	E OR				0	4. 224111	6	1		ONSET	AND DEATH
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238. ABDRESS  230. DATE SIGNED  240. BURIN. CREMA: 24B. DATE  240. NAME OF TEMETERY OF CREMATORY 24D. LOCATION (City, Liven, or couply) (Stayle)  241. BURIN. CREMA: 24B. DATE  242. NAME OF TEMETERY OF CREMATORY 24D. LOCATION (City, Liven, or couply) (Stayle)  243. BURIN. CREMA: 24B. DATE  244. BURIN. CREMA: 24B. DATE  245. NAME OF TEMETERY OF CREMATORY 24D. LOCATION (City, Liven, or couply) (Stayle)  246. DATE DECEIVED BY LOCAL REGISTRAR'S SIGNATURE  25. FUNDERAL DIRECTOR  ADDRESS  MAY 241951  AMAY 241951  AMAY 241951	П	-		1 1 1	- 0			T / Add		he dayses a			
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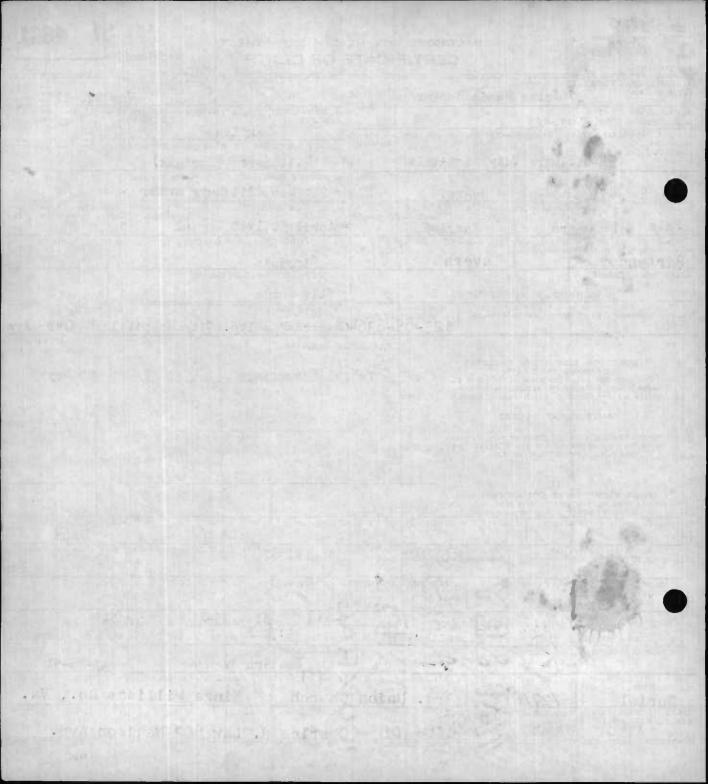
#### BALTIMORE CITY HEALTH DEPARTMENT

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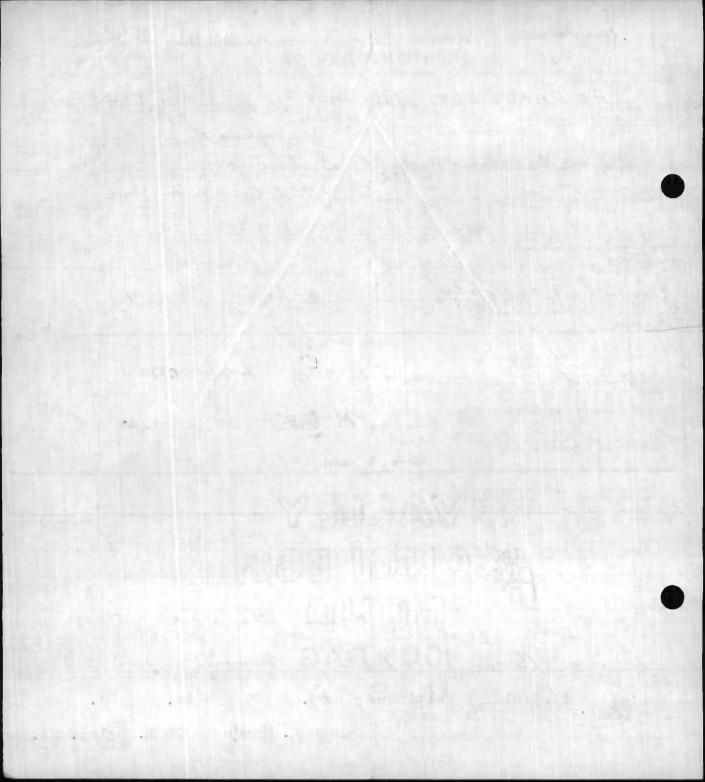
Registered No-CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE OF Jesse Goode Booker May 22. 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A Baltimore City, Maryland A. STATE B. COUNTY , before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore City Mospitals Baltimore (Dundalk) p. STREET ADDRESS (If rural, give location) Yrs. Mos 9 Yrs. 730 New Pittsburg Avenue ngth of stay in Baltimore Days 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 1 8. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years AGE (In years | It Under | Year | It Under 24 Hours | last birthday) | Months: Days | Hours | Min. Male April 5, 1910 Negro Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? Bartender Tavern Virginia 13. FATHER'S NAME. 14. MOTHER'S MAIDEN NAME Beverly Booker Ella Goode 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) SOCIAL ADDRESS 1940 17. INFORMANT (Yes, no or unknown) SECURITY NO. 17 INFORMANT SECURITY NO. 17 INFORMANT SECURITY NO. 17 INFORMANT AVE NO NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral Hemorrhage 3 Days (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES X 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. Time (Month) Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE ATT WORK 1951 to 5-22 5-20 . 19 5 that I last saw the 22. I hereby certify that I attended the deceased from\_ 19 51, and that death occurred at 11:39n. From the causes and on the date stated above. deceased dlive on 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Avenue 24c, NAME of CEMETERY OR CREMATORY | 24b, LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE Kings Williams Co., Va. 3rd, Union Church Burial 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S-SIGNATURE LOCAL REGISTRAR Thenthe eter Hilliams, Mate

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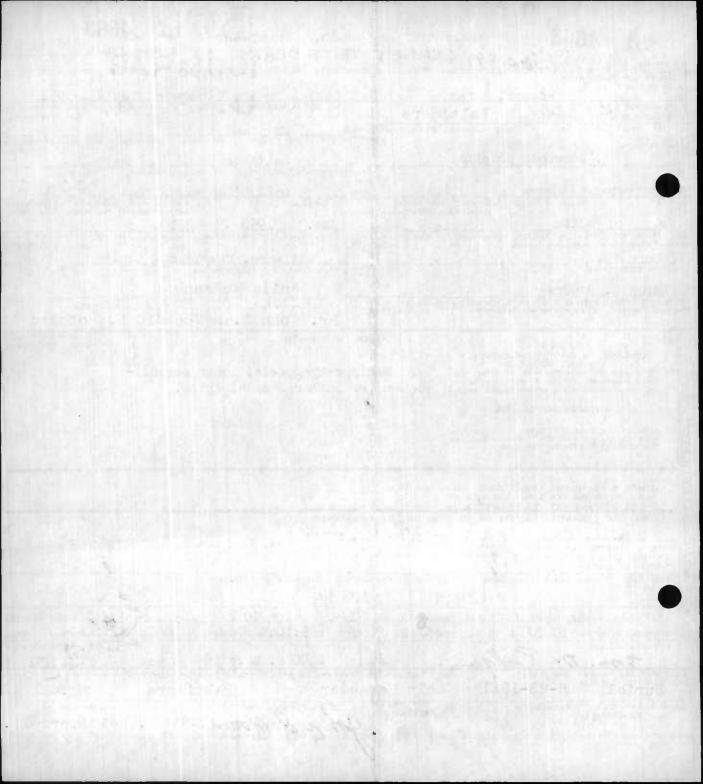
Charles R. Law 802 Madison Ave.



	51	4662	430			EALTH DEPARTMEN	_	4662	
В	IRTH NO.	-1-	930		CERTIFICAT	E OF DEATH	Reg	gistered No.	
	. NAME OF Type or Print		D		1-		2. DATE		
Ĺ	. PLACE OF	HO	WARI	2 78	EE IEAI	NALT		H 5-2.	
	Baltimore		aryland			4. USUAL RESIDENCE A. STATE		sed lived. If inst OUNTY	titution : résidence before admission)
Н	FULL NAM OSPITAL OI NSTITUTION	R	f not in hospits	d or instituti	on, give street address of location	The state of the s	(If outside cor	porate limits, w	rite RURAL and give
1	1 7	lucion	Men	rasia	1 Hospital	Ballema			township)
С	Oigth of	stay in E	Baltimore		72 Yrs. Mos. Days		If rural, give i		27-11
5	SEX	6. COLO	OR OR RACE	WIDOW	, MARRIED, ED, DIVORCED (Specif		9. AGE (last bir		r 1 Year If Under 24 Hours S Days Hours Min.
10	DA. USUAL C	OCCUPATION	ON (Give kind of )		OF BUSINESS OR	11. BIRTHPLACE (State of	7 o		CITITE N. C.F.
701	k done during mo	st of working lit	fo, even if retired)	27.00	TO INDUSTR	Y MA	Toreign count	ry) 12.	. CITIZEN OF WHAT COUNTRY
10	3. FATHER'S		~accept	1500	· au Co.	14. MOTHER'S MAIDEN	NAME		
	And.	R	Tea	i a mere d	el.	1.11:	U		
15	5. WAS DECE	SED EVER I	N U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	100	ADDI	DECC.
1000	m, no or unknow		give war or dates	of service)	SECURITY NO.	Tr. III OIIIIAI		ADDI	(125
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S	ONDER	LIMO CO	NDITION LAS	, 1 ,	(C)	***************************************		***************************************	· · · · · · · · · · · · · · · · · · ·
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2			ANT CONDIT						
3	TO THE	DISEASE OF	CONDITION	CAUSING IT					
7	ISA. DATE	OF OPERA	ATION 15	B. MAJOR	FINDINGS OF OPE	RATION			20. AUTOPSY?
ב	21A. ACC	IDENT WAS	S UNDER-		CE OF INJURY (e. g.,		(If in Baltim	nore City, give	exact location)
1	CAUSE O	OR CONTR	IBUTING	about home, fa	rm, factory, street, office bldg.	,etc.) INJURY OCCUR?			
2	21b. TIME	(Month)	(Day) (Year)	(Hour) 2	1E. INJURY OCCUR	RED 21F. HOW DID 1NJU	RY OCCUR?		
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	22. I here	bu certify	that I atte		deceased from 5	-22 1957 to	5-2	3 10 5/1	hat I last saw the
		alive on_				rred at 3:/0 2m., from			
	23A. SIGN		0 0			23B. ADDRESS			3c. DATE SIGNED
	K	whom	15	rach	M. D.	Union Thems		(3.	5-23-51
TI	4A. BURIAL. ON, REMOVAL	(Speeify)	24B. DATE	2	4c. NAME of CEMET	ERY OR CREMATORY 24D.	LOCATION (	City, town, or e	county) (State)
D	ATE RECET	2 2	5/25/5	1	Baltimore	Cem.	Balto.	Md	
L	CALVREGA	HART	Constant of	SIGNATURE OF THE PROPERTY OF T	Manuel Mall	25. FUNERAL DIRECTOR		AC	DDRESS
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	NAME OF D ype or Print)		Von			2. DATE. OF	Mars 1	ים זמרו
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В.	Baltimore ( FULL NAME DSPITAL OR	City, Maryland OF (If not in hospit		timore tion, give street address locatio	V I I I I I I I I I I I I I I I I I I I			hefore admission)
	STITUTION				C. CITT OR TOWN		ate limits, w	vrite RURAL and give township)
4	S	t. Joseph's H	lospita		Balti		42	
				Yrs Mos		ESS (If rural, give loca		2.1.21
C.	sex	tay in Baltimore		Life Day	8. DATE OF BIRTH	O'Donnell Str		er I Year   If Under 24 Hours
				WED, DIVORCED (Speci	fy)	last birtho	lay) Month	Bays Hours Min.
	Fe.	White CUPATION (Give kind of		D OF BUSINESS OR	Jan. 6, 195	State or foreign country)	12	CITIZEN OF
work	done during most	of working life, even if retired)	IOB. KIN	INDUST		otate of foreign country)	12	CITIZEN OF WHAT COUNTRY
13	None . FATHER'S N	LABAT			Baltimore	, Maryland		
13	. PAIRERS	NAME						
1.07		. Rogers				McGee		
(Ye	, no or unknown)	D EVER IN U. S. ARMEI (If yea, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			RESS
			Male		Mr. John	A. McGee 61	6 N.	Potomac Si
ERTIFICATION	OTHER S	ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA HIGHIFICANT CONDITION TO THE DEATH, BUT	F ANY, GIVI STATING T ST.	(C)				
5		SEASE OR CONDITION	CAUSING	ιτ				
J	19A. DATE C	F OPERATION 0 1		R FINDINGS OF OP				20. AUTOPSY?
MEDICAL		16, 1950   PENT WAS UNDER- R CONTRIBUTING DEATH	218. PL	ngo-Myelocele ACE OF INJURY (e. g farm,factory,atreet,office bld	, in or 21c. WHERE D		e City, give	YES NO exact location)
_	21D. TIME INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCUP WHILE AT NOT WHI WORK AT WOR	LE	INJURY OCCUR?		
	22. I hereb	y certify that I att	ended the	deceased from	1/9/ ,195	Qto 5/23/	. 1951 t	that I last saw the
	deceased a	7 100 177			urred at 9:10AMn.	,,		
	23A. SIGNA		11		23B. ADDRESS		2	23c. DATE SIGNED
	Zen	m. De Ka	& new	S - M. D.	1400 N. C	aroline Stree	t	5/23/51
TIC	Buria.	Decify) 5-23-1	651	Holy Rede	TERY OR CREMATORY  OMOP	Baltimore		Md. (State)
D/ LC	ATE RECEIVE	D BY REGISTRAR	S SIGNAT	Mante Ma	John G. W	1	A	timore St.
	VS 150		7 -	0	/ • • • • • • • • • • • • • • • • • • •			157B



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ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M-235 . NAME OF DECEASED 2. DATE (Type or Print) OF McDonald, Alice DEATH May 21. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION St. Joseph's Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 27yr. ngth of stay in Baltimore 804 Somerset Street Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. Female Colored April 7, 1886 Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Hwie. Own Home North Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RAM 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral Hemorrhage (This does not mean the mode of dying, e.g., (A) ..... heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES Generalized Arteriosclerosis RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? DICAL NO X YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! m. WORK AT WORK , 19 51 that I last saw the 1951 to\_ 5/21/ 22. I hereby certify that I attended the deceased from. , 19 51 and that death occurred at 12:05 PM from the causes and on the date stated above. deceased alive on\_\_\_ 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 1100 N. Caroline Street 24A. BURIAL, CREMA-TION DEMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county)

25. FUNERAL DIRECTOR

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

B.C.A MARKET ST. LINES they world Season to the Season of the season of to the same 9 5: 3.00 111

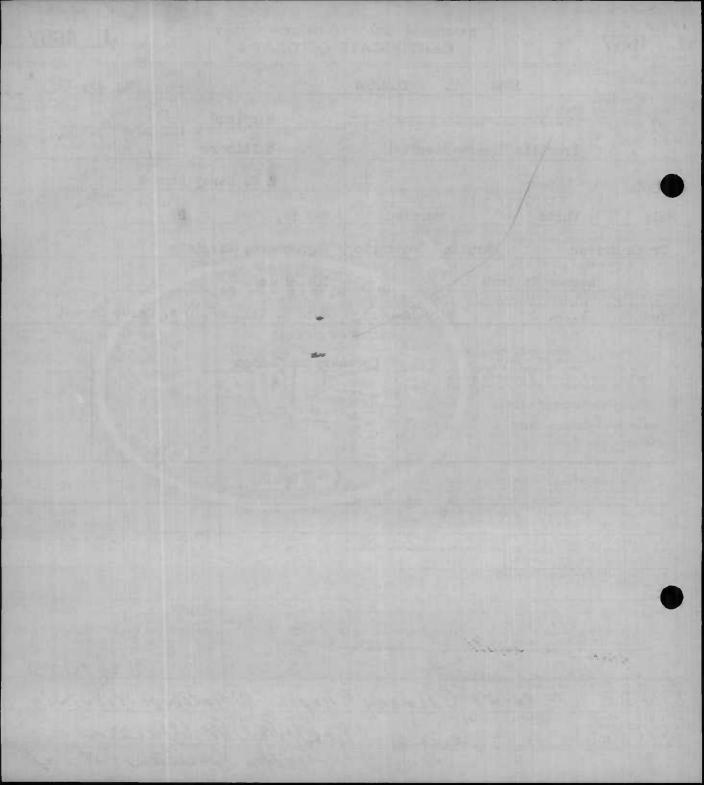
		ACCE	RAITU	MORE CITY HE	ALTH DEPARTMEN	51 466	5
	51	4665			E OF DEATH	Registered No.	
_	RTH NO.	111-221					
	NAME OF D	FRAN	cisx	Me Cut	bin	2. DATE OF DEATH 3-2	2-1951
	PLACE OF D Baltimore	City, Maryland	Bartin	ORE	4. USUAL RESIDENCE	(Where deceased lived, If ins B. COUNTY	
B. H	FULL NAME OSPITAL OR	OF (If not in hos:	pital or institution,	give street address or location)	c. CITY OR TOWN	(If outside corporate limits, w	rite RURAL and give
IN	DSPITAL OR	103 Mc	CABE	AUE.	BALTIN	ORE	township)
. (				48 Yrs. Mos.		(If rural, give location)	3-08
	SEX	tay in Baltimore			8. DATE OF BIRTH	9. AGE (In years) If Und	er I Year   II Under 24 Hours
1	WALE	white	WIDOWED	DIVORCED (Specify)	4-14-190	3 last birthday) Month	B Days Hours Min.
10 work	A. USUAL OC done during most	CUPATION (Give kind of working life, even if retire	ed)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)   12	CITIZEN OF
13	FATHERS	MAN, CON	STRUCTION	V ENGINEERI	14. MOTHER'S MAIDE	NORE MA	U.SA
7,	(ii)) iAA	17. Mic	ubbin		Deakell 9	M. Mullen	
15 (Va	. WAS DECEAS	ED EVER IN U. S. ARM	ED FORCES? 16	S. SOCIAL M	17. INFORMANT		RESS/217 W. 40
	No-	(11 300) 6110 Wat 01 d	aves of service)	SECURITY NO!	CATHERINE	FE. McCul	6 IN SI
	18. 4	43X.		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION		r1.	snic Glome	rulohephritis	
		s not mean the mod ure, asthenia, etc. It n	e of dying, e.g.,		enio		
	injury or	complication which	caused death.)	DUE TO 2 4F			
Z		ANTECEDENT CA	USES	1 K4K	マヤモナでいらいい	e Cardio- sease	
NOIT		S OR CONDITIONS		DUE TO IN	sculat Di	seare	
CA		YING CONDITION					
H		11		(C)			
ERT		SIGNIFICANT CON					
Ū	TO THE	OF OPERATION	ON CAUSING IT.	NDINGS OF OPER	ATION		20. AUTOPSY?
AL	ISA. DATE	OFERATION O	136, MAJOR 11	NDINGS OF OFER	ATTON		YES NO
EDICA	21A. ACCIDI HOMICIDE	ENT, SUICIDE. (Specify)	21B. PLACE about home, farm,	OF INJURY (e. g., infactory, street, office bldg., e	or 21c. WHERE DID	(If in Baltimore City, give	exact location)
ME		(34-42) (32-42)	(11	IN HIRV OCCUPE	ED 21F. HOW DID INJ	TURY OCCURS	
	NJURY	(Month) (Day) (Ye		E AT NOT WHILE	T	JORY OCCURY	
			m.   wo	RK AT WORK	460 1011	201 av 22 101	
	deceased a	live on May			red at 9 P. m. fro	om the causes and on the	hat I last saw the
	23A. SIGNA		, 194 L. and		3B. ADDRESS / .		3c. DATE SIGNED
	Win	. HIT G	mule	1 7 M.D.	201 Sherri	0(0000	May 24/9/
TIC	AA. BURIAL.	Specify) 248. DATE	240	NAME OF CEMETE	RY OR CREMATORY 24	D. LOCATION (City, town, or	county) (State)
Li D	ATE RECEIVE	D BY L REGISTRA	RISIEYGNATURE	LUTICAIN	25. FUNERAL DIRECT	Y. BALIMON	DDRESS
L	MAPE 2'4	1951			chair It	maleli 924 E.	Eagus 18
	VS 150		1 7	4	0./		
				9 70.	24	/	3112

Dr. Wm. Kammer 509 Sherchan line LEANER KINGER the will be a ant a 449 miles THE VALUE OF THE PARTY OF THE P BELL SE ANENITAL Marine was all the town for the CATHERINE E. MEEREN AND THE WITH A STREET WAS A STREET OF THE STREET WHEN

Die	5 <b>1</b> .	4666 m- 226	ВА	LTIMORE CITY H		MENT	1 46	56	
1. 1	NAME OF D pe or Print)		SHITH a M	c Cyyst	le	2. DATE OF DEAT	1/2	15-1	_
A. I	PLACE OF D Baltimore ( ULL NAME SPITAL OR	City, Maryland		tion, give street address o	A. STATE	ENCE (Where decea B. C	sed lived. If inst	before admission	
	TITLITION	BON SECOUP	rs Hos	PITAL	C. CITT OR TOWN	SON		rite RURAL and gi townshi	
C.	gth of s	tay in Baltimore		LIFE Mos. Days E. MARRIED.	404 W	70 P A	ROAD In years   Il Unde	5 3 0 0 11 1 Year   If Under 24 Hou	
10A	MALE. USUAL OC.	WH TE CUPATION (Givekindo of working life, eveo if retired	I 10B. KINI	RRIED.  OF BUSINESS OR INDUSTR	Nov 9 1	902 4	8	Days Hours Mir	_
13.	FATHER'S N	NORK IAME OOKE SM	164	THOME.	BALTIM 14. MOTHER'S MA ELLA M	IDEN NAME	9	U.S.A.	
Y 06,	WAS DECEASE	D EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDE		=
ICATION	(This does heart failur injury or DISEASES RISE TO TI	DE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It mes complication which  ANTECEDENT CAUS GOR CONDITIONS, HE ABOVE CAUSE (A) ING CONDITION L.	TH of dying, e. n ans the diseas caused death SES  F ANY, GIVIN STATING TH	E., (A) Je., de, de, de, de, de, de, de, de, de, de	of DEATH	Breas	ustoris L	INTERVAL BETWEE	
2	TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	ED					
	19 21A. ACCID	#9 ENT WAS UNDER- R CONTRIBUTING	21B. PL	FINDINGS, OF OPE  ACE OF INJURY (e. g., farm, factory, street, office bldg.	in or   21c. WHERE D		nore City, give	20. AUTOPSY? YES NO Exact location)	
	210. TIME ( OF INJURY	Month) (Day) (Year	m.	21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?	,		
24A	22. I hereby deceased al 23A. SIGNAT BURIAL, C REMOVAL (S	URE 1 24B. DATE	-,195/ hle	deceased from and that death occu	Bon Seconery or CREMATORY	from the cluses  240. LOCATION	and on the o	3c. DATE SIGNE. 22/5/ county) (State	D
DAT		BY LREGISTRAR		MONTA MARIA Pullianua, M.	25. FUNERAL DIR	YOAK RD.  ECTOR  1800	TOW SO	DODRESS Land St	-
	VS 150		0.1-	hast <sup>©</sup>	VV			50	

TROK KENER DIE SINE IN New 9 1802 48 BEACH REFERENCES Charles and RUCKERSON CO. T. AND MICH. 8 2 4 STATE OF THE PROPERTY. ELLER MAKKELL ? ELANGE OF THE STATE OF THE STATE OF AND THE STREET OF THE PROPERTY WAS ASSESSED.

Registered No. 4667 1. NAME OF DECEASED 2. DATE (Type or Print) OF **JOHN** T. TILLMAN May 23, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A STATE B. COUNTY before admission) A. Baltimore City, Maryland Marvland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CITY OR TOWN (If outside corporate braits, white INLIRAL and give Franklin Square Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos 4 S. Carey Street ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years | If Under | Year | If Under 24 Hours | Louis | Hours | Min. It ilnder 24 Hours WIDOWED, DIVORCED (Specify) Male White Married May 18, 1922 10A. USUAL OCCUPATION (Give kind of ) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dane during most of working life, even if retired) INDUSTR' WHAT COUNTRY Contractors Waynesboro, Virginia Truck driver Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME CONIT Herman Tillman Ida Minter 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS 229-14-6913 (If yes, give war ar dates of service) (Yes, no or unknown) Ruth E. Tillman, 4 S. Carey Street W. W. Yes NTERVAL BETWEEN 18 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary occlusion (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (8) RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Ш U 20. AUTOPSY 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION YES X EDICAL (If in Baltimore City, give exact location) 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout home farm factory street pfice bidg. etc.) INJURY OCCUR? UTING [] CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK AT WORK Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident []. suicide []. homicide []. undetermined []. 23A. SIGNATURE 238, CHIEF MEDICAL EXAMINER 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24D. LOCATION (City, town, or county) A. BURIAL, CREMA-MAME OF CEMETERY OR CREMATORY JURIAL DATE RECEIVED BY LOCAL REGISTRAR VS 151



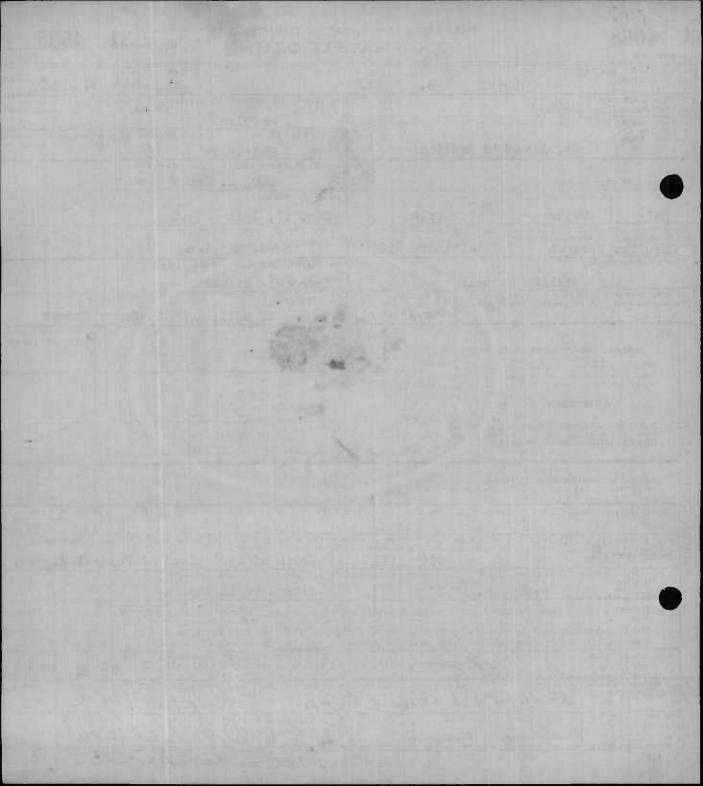
BALTIMORE CITY HEALTH DEPARTMENT Registern 4668 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE OF HAROLD. WOLF May 23, 1951 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland R COLINTY before admission) B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, vr. UPAL and give INSTITUTION township) St. Joseph's Hospital Baltimore o. STREET ADDRESS (If rural, give location) Mos. 1003 S. Carev Street ngth of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years | # Under 1 Year | H Under 24 Hours | Months Days | Hours | Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Married Jan. 17, 1911 Male White 40 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) Baltimore City WHAT COUNTRY? Chauffer foreman Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William H. Wolf Theodosia Stewart 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of se SECURITY NO No Thelma D. Wolf, 1003 S. Carey Street 18. INTERVAL BETWEEN CAUSE OF DEATH 35.81 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Electrocution (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING ERTIFICATION RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Ü 19B, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? 218. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? City fill North of 6300 block of Pulaski Highway 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 26/44 Struck by lightning May 23 P om. 2. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes  $\Box$ , accident  $oxed{x}$ , suicide  $\Box$ , homicide  $\Box$ , undetermined  $\Box$ . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER .... 23c. DATE SIGNED

ASSISTANT MEDICAL EXAMINER ... May 24, 1951 MEDICAL INVESTIGATOR BURIAL. CREMA 4c. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)

OUDON DATE RECEIVED BY 5. FUNERAL REGISTRAR'S SIGNATURE DIRECTO

ADDRESS LOCAL REGISTRAR 11 C

V S 151

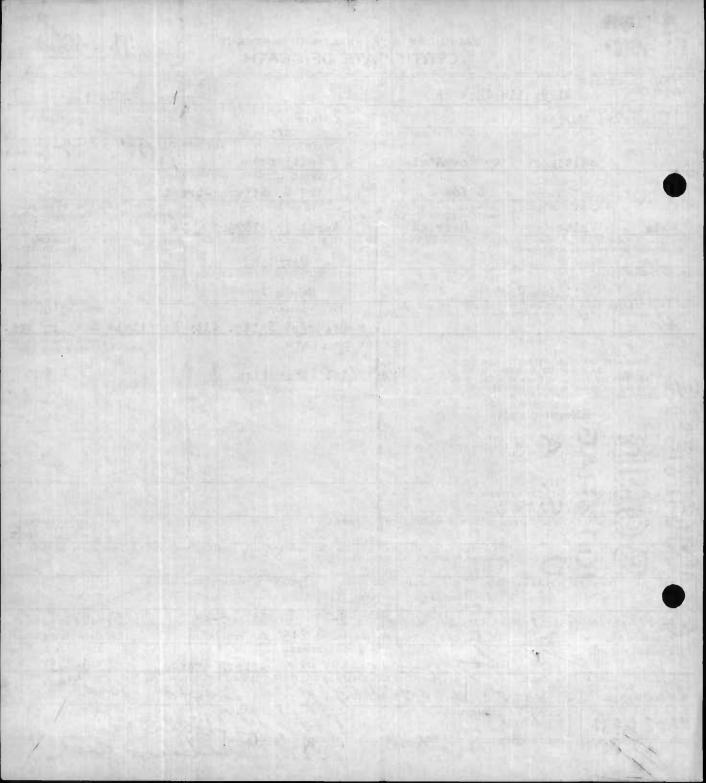


2 **5 0** 772 51 4669

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

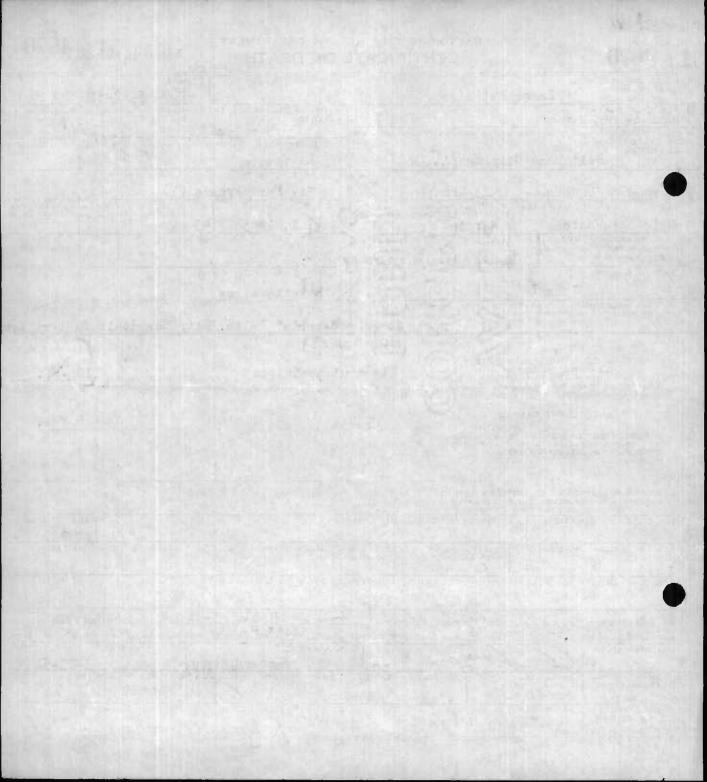
Registered No. 4669

B	RTH NO.			CERTIFICATI	E OF DEATH	, registered	110,
	NAME OF E	PECEASED Glanvil:	Le Jack	eon		2. DATE OF DEATH 5-	24-51
	Baltimore	City, Maryland			4. USUAL RESIDENCE (V		
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institut	ion, give street address or location)	Maryland (If	outside corporate lim	hts, write RVRAL and give
3	12	Baltimore (	ity Ho	spitals	Baltimore	60	township)
C.	ngth of s	stay in Baltimore	Lif	Yrs. Mos. Days	D. STREET ADDRESS (If		
5	SEX	6. COLOR OR RACE	WIDOW	E. MARRIED, (ED, DIVORCED (Specify)	8. DATE OF BIRTH		Munder I Year Hours Min.
10	Male	White CUPATION (Givekinder		or Business or	April 19, 1875	76	12. CITIZEN OF
WOL	k done during most	of working life, even if retired)	IOB. KINE	INDUSTRY	Maryland		WHAT COUNTRY?
13	FATHER'S				14. MOTHER'S MAIDEN N	AME	
10	WAS DECEAS	William J		I 16. SOCIAL	Sarah ?		
(Ye	s, no or naknowa)	(If yes, give war or date	of service)	SECURITY NO.	17. INFORMANT		ADDRESS 4940
	18. 47	×0.1		CAUSE	Records* Balto.	elty mospita	INTERVAL BETWEEN
	DISEA (This doe heart fail	SE OR CONDITION LEADING TO DEA's not mean the mode oure, asthenia, etc. It means the complication which or complication which	TH f dying, e. g ns the diseas	Myocard	ial Infarction		1 day
CERTIFICATION	ANTECEDENT CAUSES  (B)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED						
		OF OPERATION 0 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21A. ACCID HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., is arm, factory, street, office bldg.,		If in Baltimore City,	, give exact location)
Σ	21D. TIME INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK			
5		by certify that I att			5-23 , 1951, to 5- red at 2:50 A., from t		51, that I last saw the
	deceased a		_, 19,		3B. ADDRESS	ne causes and on	23c. DATE SIGNED
		C.S. (	10	Less M.D.	4940 Eastern	Avenue	5-2451
Z TI	N REMOVAL		51	LOU ON	ARK B	ALTO	n, or county) (State)
Day	ATE RECEIVE		S SIGNATU	IRE	29 FUNERAL DIRECTOR	Valter	ADDRESS
	VS 150		9	77	351200	ederick	arely a



Registered No.1 4670

BIRTH NO				Z OI DEMI		
1. NAME	OF DECEASED				2. DATE	
(Type or Pr	Jame Jame	s Phillip	S		DEATH 5-22	2-51
	ore City, Maryland			4. USUAL RESIDENCE (	Where deceased lived, 1f B. COUNTY	institution: residence before admission)
B. FULL N.	AME OF (If not in hos	pital or institutio	n, give street address o	Marylan	id A	AI
HOSPITAL	ON _		location	c. CITY OR TOWN (I	f outside corporate limit	s, write EURAL and give township)
21	Baltimore	City Hosp	itals	Baltimore		( www.smp)
			Yrs. Mos.	D. STREET ADDRESS (I	1 1	
	of stay in Baltimore	25 Yr	S Days			
5. SEX	6. COLOR OR RAC	F 7. SINGLE. WIDOWE	MARRIED. D, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years In last birthday) Mo	f Under 1 Year     Under 24 Hours onths; Days   Hours   Min.
Male	White	Marrie		Aug. 1, 1905	45	
Work done during	L OCCUPATION (Give kind most of korking life, even If retire	of 10B, KIND	OF BUSINESS OR	1. BIRTHPLACE (State or 1	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Carps	esc/ar	MIKELE!	motrucian	5. N.C.		
13. FATHE	R'S NAME			14. MOTHER'S MAIDEN N	IAME	
	John?	CONTRACTOR OF	MARINE S	Rosetta Aires		
15. WAS DE	CEASED EVER IN U. S. ARM nown)   (If yee, give war or de	ED FORCES?	16. SOCIAL SECURITY NO	17. INFORMANT	A	DDRESS 4940
Mo		213	-03-2096	Records* Balto.	City Hospita	ls Eastern Ave
18.	E924		CAUSE	OF DEATH		INTERVAL BETWEEN
DI	SEASE OR CONDITION	DIRECTLY				ONSET AND DEATH
	LEADING TO DE	ATH	Glome	rulonephritis		10 Yrs.
hear	t failure, asthenia, etc. It m y or complication which	neans the disease,			***************************************	
10,00			502 10			
7	ANTECEDENT CA	USES	(B) Ure	mia		4 Wks.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						••
O DISE	ERLYING CONDITION	LAST.	DOE 10			
C OTH	II		(C)			
TRIB	ER SIGNIFICANT CON UTING TO THE DEATH, BU	JT NOT RELATED				
19A. DA	THE DISEASE OR CONDITION		FINDINGS OF OPE	RATION		20. AUTOPSY?
A	7					YES NO
	CIDENT, SUICIDE.		E OF INJURY (e. g.,	in or   21c. WHERE DID	If in Baltimore City,	
	IDE (Specify)	about home, far	m, factory, street, office bldg.	,etc.) INJURY OCCUR?		
	ME (Month) (Day) (Yes	ar) (Hour)   2	IE. INJURY OCCUR	RED 21F. HOW DID INJUR	Y OCCUR?	
INJ	URY		TILE AT NOT WHILE			
			WORK AT WORK		5-22 19 5	1
	ereby certify that I a	ittended the d	eceased from	erred at 11:15mP, from		that I last saw the
	ed alive on 3-22 GNATURE	, 19 51, at		23B. ADDRESS	the causes and on ti	he date stated above.
23A. 31	Old Co	2830	M. D.	4940 Eastern A	70 N 110	5-23-51
24A. BURI	AL, CREMA: 248. DATE	1 21			OCATION (City, town,	
TION, REMO	VAL (Specify)	151	Park wo	med N	Kan Pla	med.
DATE REC		R'S SIGNATUR		25. FUNERAL DIRECTOR	37.60	ADDRESS
LOCAL RE		. 2 - 61168	Laure, Ages	MAN PONT O	171754	Port
=MAY2	41951	<b>6</b> ) 5	000	The sail	12/07:	Turk of .
VS 1	50		(11)	11		12112



# BALTIMORE CITY HEALTH DEPARTMENT

1674

BIRTH NO.	CERTIFICATE C	F DEATH	Registered No	4011
1. NAME OF DECEASED Miss Mar	y Borman	?	OF 5-23	-51
3. PLACE OF DEATH:  a. Baltimore City, Maryland	4. I	USUAL RESIDENCE (When	re deceased lived. If institu	before admission)
B. FULL NAME OF (If not in hospital or institut HOSPITAL OR INSTITUTION ON SECOUTS	[ lobations	CITY OR JOWN (If out	side corporate limits, wri	nIL.
34		Da (70.	10	township)
e angth of stay in Baltimore	Yrs. Mos. Days	LI DO TOUR	al, give location)	
5. SEX 6. COLOR OR RACE 7. SINGLE	MARRIED. 8. D	ATE OF BIRTH 9	AGE (in years   f Under   lest birthday)   Months	
10A. USUAL OCCUPATION (Givekinder ork done during most of working his, even if retired)	BUSINESS OR 11. I	BIRTHPLACE (State or foreign		ITIZEN OF VHAT COUNTRY?
13. FATHER'S NAME BOYMAN		MOTHER'S MAIDEN NAM	ler	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 2/5-03-8300 W	ary E. O'Lear	ADDRE	ss Oid Come
18. /53×	CAUSE OF I		11	NTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the diseas injury or complication which caused death	(A)	tasic Carci		(over)
ANTECEDENT CAUSES	DOE 1D		274.7	
DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THUNDERLYING CONDITION LAST.	G DUE TO (C)			
OTHER SIGNIFICANT CONDITIONS CDN TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE DR CONDITION CAUSING I	D	ZGLASILIKA		
19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPERATIO	N		20. AUTOPSY7
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, f		21c. WHERE DID (If in NJURY OCCUR?	Baltimore City, give es	cact location)
OF INJURY	21E. INJURY OCCURRED 2	21F. HOW DID INJURY O	CCUR? ·	- Bay
22. I hereby certify that I attended the	1/ =	6 , 15%, to 5	-23, 192, tha	t I last saw the
23A. SIGNATURE rass		DDRESS Serolus	Hospital 230	
24A. BURIAL, CREMA- 24B. DATE FION, REMOVAL (Specify)  5/26/5/	Foudon Park	Ball	TION (City, town, or cou	enty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATULE	RE 25.1	EMIL Gook, In	C. 1217 fb. 1	Paul HB
VS 150	4906F	4000		46E

46E

For Statistical purposes ONLY!

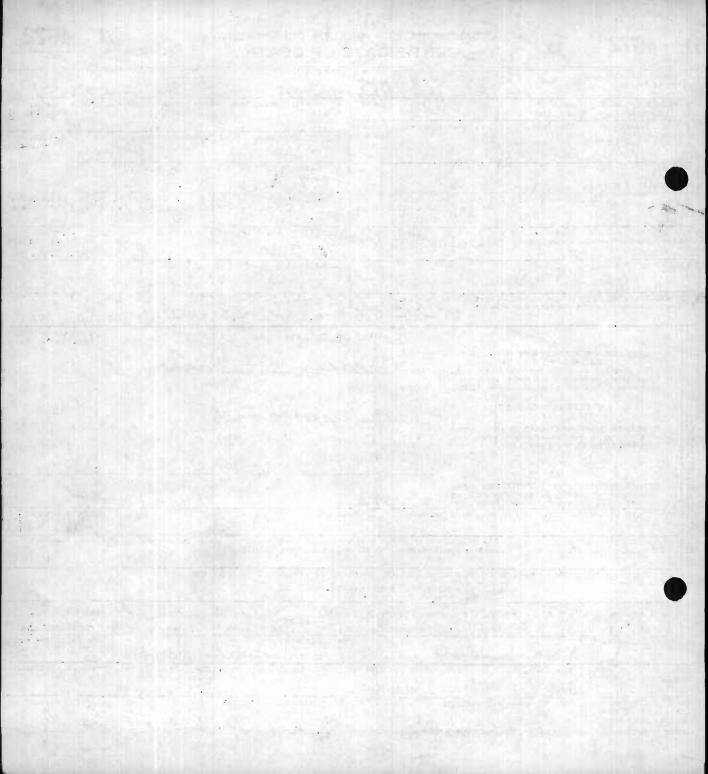
"Cancer of ascending colon, removed 13 years ago"

Anatomical location as of time of death "Biopsy of cervical gland-- netastatic"

See Document File 51-4671 6/12/51

452 1 4672 BIRTH NO.	BALTIMORE CITY HE CERTIFICATE		Registered N	1 4672			
1. NAME OF DECEASED (Type or Print)	GROVER C. WILLIAM	MSON)	2. DATE OF	23 61			
3. PLACE OF DEATH: A. Baltimore City, Maryland	0200	4. USUAL RESIDENCE (VA. STATE		institution: residence before admission)			
B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION)	or institution, give street address or location)	Maryland c.city or town (If Baltimore	outside corporate limits	s, write RUIIAL and give township)			
ength of stay in Baltimore	Yrs. Mos. Days	BO7 Gorsuch	rural, give location) Ave.				
5. SEX   6. COLOR OR RACE   7	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Mar. 27, 1886	9. AGE (In years last birthday) Mo	Under 1 Year If Under 24 Hours nths Days Hours Min.			
Carpenter	OB. KIND OF BUSINESS OR Duilding INDUSTRY	11. BIRTHPLACE (State or for Virginia.	oreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME William Williams	on	14. MOTHER'S MAIDEN N. Flaine ?	AME				
15. WAS DECEASED EVER IN U.S. ARMED F (Yee, no nr nnknnwn) (If yes, give war or dates no	ORCES?   16. SOCIAL   SECURITY NO.6   217-20-5996	17. INFORMANT Mrs. Doris E.F.		poress rsuch Ave.			
DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which cau  ANTECEDENT CAUSE  DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S' UNDERLYING CONDITION LAST UNDERLYING CONDITION LAST OTHER SIGNIFICANT CONDITION	dying, e. g., the disease, used death.)  S  ANY, GIVING TATING THE TO.  (C)	rong Occl	Jusion				
TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION OF 19a. DATE OF OPERATION 19e		ATION		20. AUTOPSY?			
Ш	ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in mr 21c, WHERE DID (If in Baltimore City, give exact location						
21D. TIME (Month) (Day) (Year) (F	Hour) 21E. INJURY OCCURRE  MHILE AT NOT WHILE WORK AT WORK						
22. I hereby certify that I attendeccased alive on 5-22, 23A. SIGNATURE	19.51, and that death occur	red at 7 = Qm., from to	the causes and on the	that I last saw the date stated above.			
24a. Burial, AEMA- TION REMOVAL (SPAIRY) Burial 5/25/51	Loudon Pa		eltimore M	or county) (State)			
DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR	SIGNATURE	25. FUNERAL DIRECTOR H. Sander & Sor Balto, 13, Md.	-/ ^	Sander.			

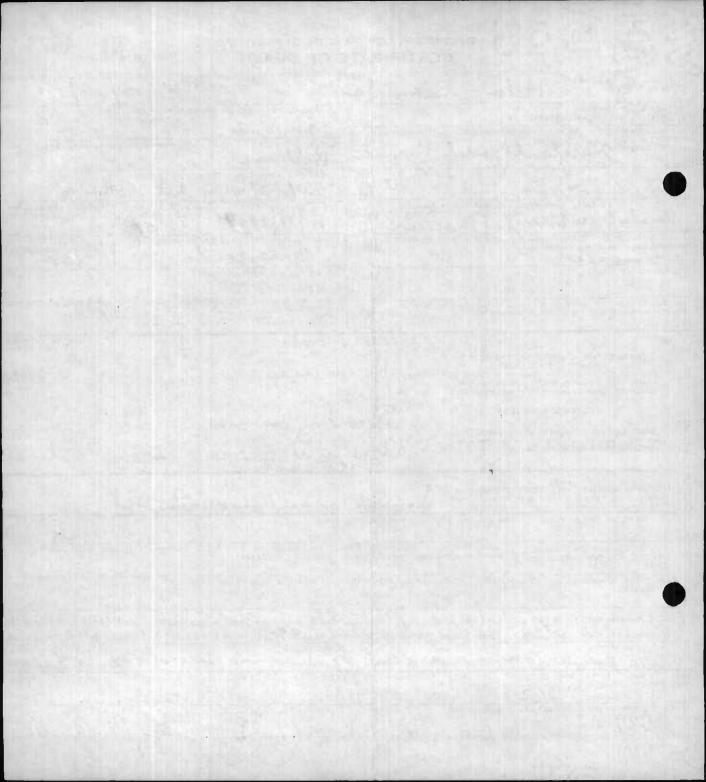
VS 150



+	536  BALTIMORE CITY HEALTH DEPARTMENT / 51	4673					
1)=	CERTIFICATE OF DEATH Registered No.	2010					
1	1. NAME OF DECEASED (Type or Print) Schneider Schneider 5/2	14/51					
1	3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in bosnits) or institution give street address or street address	before admission)					
+	HOSPITAL OR INSTITUTION maryland Glorul Hospital Ballinne (If outside corporate limits, v	write RURAL and give					
	ength of stay in Baltimore Life ws. Mos. Days 454 Shipley Rd. Links	·					
_	Fenale white married 11/11/1899 last birthday Month	der I Year hs: Days Hours Min.					
	10A. USUAL OCCUPATION (Givekind of workdooe during most of working life, even if retired) at home 11. BIRTHPLACE (State or foreign country) at home	CITIZEN OF WHAT COUNTRY					
1	13. FATHER'S NAME Kempson M. Pyle Bertha Bond						
(X	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uoknowo) (If yes, give wer or dates of service) none 17. Informant 424 Shipley Rd ADD No. Henry P. Schneider	inthicum-					
	18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY	INTERVAL BETWEEN					
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
z	ANTECEDENT CAUSES Secondary anemas						
1	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  DUE TO  CO  CO  CO  CO  CO  CO  CO  CO  CO	unknow					
11	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.  Strangel non-exidence parotitis left						
1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?					
IEDICA	21a. ACCIDENT WAS UNDER.  21b. PLACE OF INJURY (e. g., io or LYING OR CONTRIBUTING about home, farm, fectory, atreet, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give INJURY OCCUR?)						
2	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?						
	22. I hereby certify that I attended the deceased from 5/1, 195/ to 5/24, 195/	that I last saw the					
	deceased alive on 3/24, 1951, and that death occurred at 3 25m., from the causes and on the						
	Marqueite Journa Cardles Maryland gund /	3 24 57					
2 T	24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or tion, removal (Specify, burial 5/26/51 Moreland Memorial Cem Baltimore, 1						
		DDRESS					

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Sey 1 / Jander 46 B



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1	4674

Registered No. 4674

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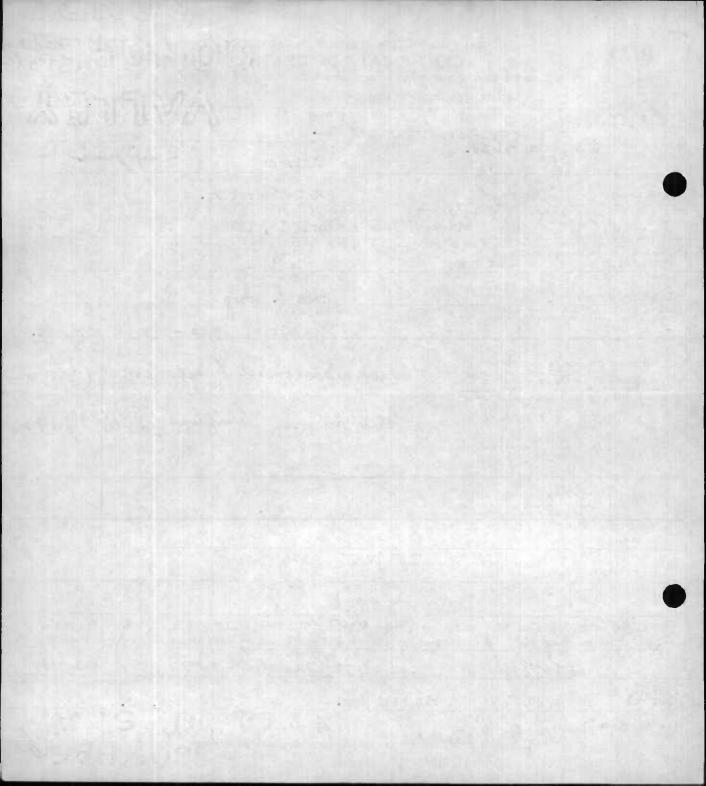
BI	RTH NO.						
	NAME OF D ype or Print)		TOUTS	SE SEIFERT		2. DATE OF	03 3073
A. B.	FULL NAME	EATH: City, Maryland		ion, give street address or	4. USUAL RESIDENCE (	DEATH May Where deceased lived, I B. COUNTY	If institution: residence before admission
H	OSPITAL OR ISTITUTION	4212 Shamr		location)			nits, write RURAL and give township
c.	Ogth of s	tay in Baltimore		Life Yrs. Mos. Days	4212 Shamrock		
	F	6.COLOR OR RACE	WIC	E. MARRIED. ED, DIVORCED (Specify) LOW	8. DATE OF BIRTH May. 13, 1876	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Min.
work	Housewo			of Business or INDUSTRY	Baltimore, Mo		12. CITIZEN OF WHAT COUNTRY
		n Missell			Hilda Dorsch	IAME	
15 (Yes	. WAS DECEASE , no or unknown) NO	ED EVER IN U.S. ARMEI (If yes, give wer or date	FORCES? a of service)	16. SOCIAL SECURITY NO. NONE	Miss Wilma E.		Apentae 6
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)							Line de grato
CERI	TRIBUTING	IGNIFICANT CONDI	NOT RELATE	· Ceker	kel Kinsu	leje	18 morels
DICAL		0		FINDINGS OF OPER		Of in Parkinson City	YES NO
MEDI	LYING OF	ENT WAS UNDER- R CONTRIBUTING  DEATH  (Month) (Day) (Year)	about home, f	CE OF INJURY (e. g., i arm, factory, street, office bldg.,	etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
	INJURY	0	m.	WHILE AT WORK AT WORK		Pil	
	deceased a		7	and that death occur	10-10-10-1	the causes and on	the date stated above
	IA. BURIAL, C	CREMA- 24B. DATE	(10	M. D.	42 Nothers	OCATION (City, tow)	/Kgy 22, 1951
	on, REMOVAL (S burial	5/24/	51		Cemetery Ba	ltimore, M	- William
	MAY 2 41		S SIGNATU	hame, Me	HENRY SANDER &	SONS, INC	7. Omeder
	VS 150	-	· ·	- Au			

Partie Simily /field. 

## BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1 NAME OF DECEASED 2. DATE (Type or Print) OF MIRIAM GRACE HIGHES May 22, 1951 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B FILL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) 903 Cathedral St. C. CITY OR TOWN (If outside corporate limits, write I) URAL and give INSTITUTION township Baltimora D STREET ADDRESS (If rural, give location) Vre Mos. 903 Cathedral St. c. Length of stay in Baltimore Davs 5. SEX 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | | H Under 24 Hours | last birthday | Months Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) mala white FEMALE April 13, 1872 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? housewife at home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Luther Grace Grace P. Grace 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17 INFORMANT ADDRESS SECURITY NO. Miss Miriam Hughes - 903 Cathedral St. INTERVAL BETWEEN 18 CAUSE OF DEATH Chronie Tryse ardial Tusuffiency.

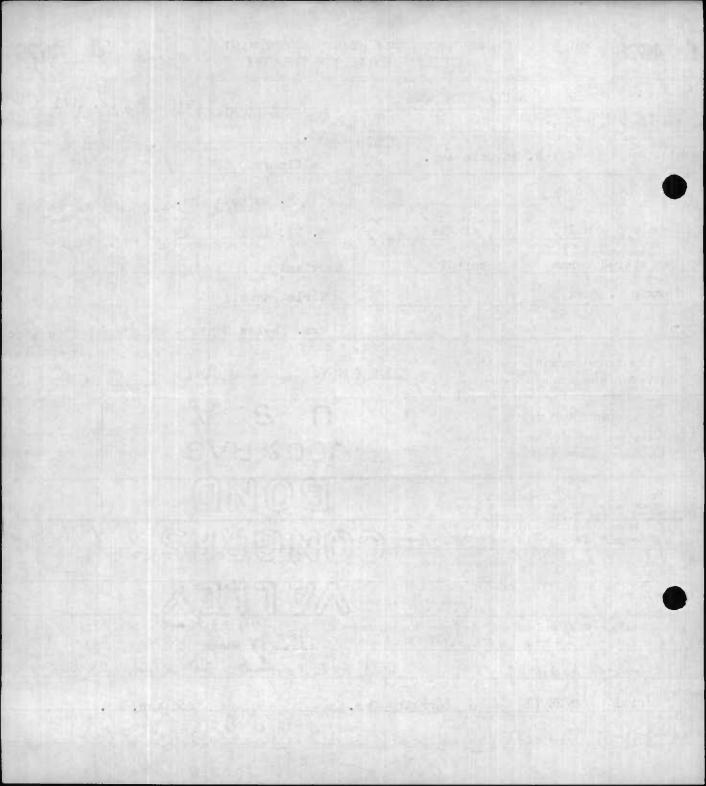
Deterio Selesonis - Hemiplejia (Rr Sile) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Ī OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY home CA YES (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE WHILE AT A. ell- 14 1942 to hay 22 , 1951, that I last saw the 22. I hereby certify that I attended the deceased from. deccased alive on hey 12, 1911, and that death occurred at 2-50 m., from the causes and on the date stated above. 23A, SIGNATURE 504 murdock Bed 5-24-51 24A. BURIAL, CREMA-TION REMOVAL (Specify) Burial 24C. NAME OF CEMETERY OR CREMATORY! 24D. LOCATION (City, town, or county) Springhill Com. Easton, Md. ADDRESS DATE RECEIVED BY FUNERAL DIRECTOR REGISTRAR'S SIGNATURE



Registered No.51 4676

BIRTH NO

DINTH NO.				
1. NAME OF DECEASED (Type or Print) AZULA	RUTH MOSS		2. DATE OF DEATH May 2	2, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institement of the control of the contro	tution, give street address or location)		ere deceased lived, if in B. COUNTY	
c. Leigth of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If rus		
5. SEX 6. COLOR OR RACE 7. SING	Days  SLE, MARRIED,  DWED, DIVORCED (Specify)		9. AGE (In years If U	nder I Year   If Under 24 Hours   the Days   Hours   Min.
	single  ND OF BUSINESS OR  INDUSTRY	Feb. 24, 1902  11. BIRTHPLACE (State or fore	ign country) 1	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	oital	Maryland 14. MOTHER'S MAIDEN NAM	1E	
Turner A. Moss		Marie Bagnell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowu) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
		Mrs. Thelma Den	is - 409 Cha	pel Gate Lane
LEADING TO DEATH  (This does not mean the mode of dying, cheart failure, asthenia, etc. It means the disk injury or complication which caused des ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVEN TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELABILITY.	ving THE DUE TO  (C)	ell Carrima of S	X-a	1, 4
TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION   19B. MAJO	OR FINDINGS OF OPER			20. AUTOPSY?
	cell Commen of			YES NO
ZIA. ACCIDENT WAS DINDER.	PLACE OF INJURY (e. g., i ne, farm, factory, street, office bldg.,		in Baltimore City, giv	e exact location)
D. TIME (Month) (Day) (Year) (Hour) INJURY  m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		OCCUR?	
22. I hereby certify that I attended th				
deceased alive on 22 hay, 1951		rrcd at <u>4.35 P. m., from the</u> 23B. ADDRESS	causes and on the	date stated above.
23A. SIGNATURE height 1.		20 E. Prestand 1	her 2 hd.	
24A. BUHIAL, CREMA- TION, REMOVAL (Specify)	24C. NAME OF CEMETE		CATION (City, town, or	
Burial   5/26/51	Lorraine Cem		Woodlawn, Me	
DATE RECEIVED BY LOCAL REGISTRAR MAY 2 41351	TURE (LIGHT AND	25 FINERAL DIRECTOR	ener H.	MD —
VS 150	0588	r (49)	Eacts 6	Md.



2 W-3 51 4677	300		TIMO CER
1. NAME OF DECEASED (Type or Print)	Delmore	M.	Whi
3. PLACE OF DEATH:	vland	3	

51 4677 RE CITY HEALTH DEPARTMENT Registered No-TIFICATE OF DEATH 2. DATE te OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate Aprile, write RURAL and give INSTITUTION 1404 Hollins St. Baltimore township) D. STREET ADDRESS (If rural, give location Yrs. Life Mos. 1404 Hollins St. ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) If Linder 1 Year If Under 24 Hours MEDIVORCED (Specify) birthday) Months Days Hours Min. White March 19.1901 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired Id . Casualty NOUSTRY WHAT COUNTRY? Balto. Md. CLERK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas White Nellie Hopkins 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT Mrs. Nellie White, 1404 Hollins (Yes, no or unknown) SECURITY NO 10 3297 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TA UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from . 192 f, that I last saw the deceased alive on 22. 19 J. and that death occurred at \_m. from the causes and on the date stated above. 234. SIGNATURE 23B. ADDRESS 23c DATE SIGNED 24A. BURIAL, CREMA-24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY Burial (Specify) Western. Idmondson Ave. & Longwood St. Balto . Md. DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS REGISTRAP'S SISNATURE LOCAL REGISTRAR

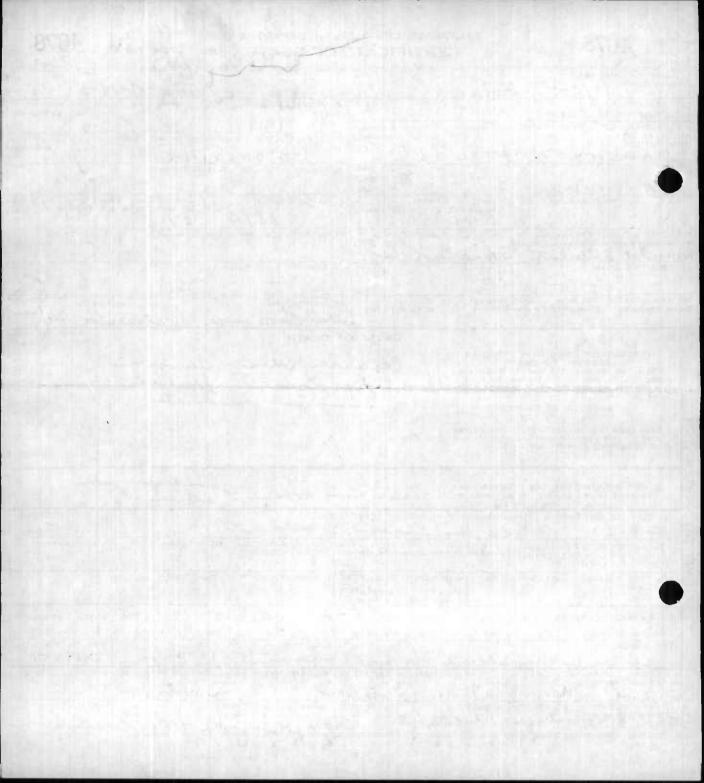
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300	4678
BIRTH NO	

Registered No. 4678

I. NAME OF DECEASED (Type or Print)	TT EDGAR	0		2. DATE OF DEATH 5-1	19-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland			A. STATE	here deceased lived. If i	nstitution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
UNIVERSITY	Idos PITAL		CATONSI			
c. Ogth of stay in Ba	altimore	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	5300	
5. SEX 6. COLOR		, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH		Under I Year If Under 24 Hours hths Days Hours Min.	
IOA. USUAL OCCUPATIO work dooe during most of working life  Hopping Utter  13. FATHER'S NAME		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or form)  14. MOTHER'S MAIDEN NA		12. CITIZEN OF WHAT COUNTRY?	
(Yes, oo or uoknown) (If yes, a	U. S. ARMED FORCES? give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	^	odress mille mil	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, CIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
TRIBUTING TO THE TO THE DISEASE OF  19A. DATE OF OPERA	DEATH, BUT NOT RELATE R CONDITION CAUSING IT ATION 198. MAJOR			ale cen	20. AUTOPSY?	
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e. g. fb or LYING OR CONTRIBUTING   about home, farm, factory, street, office bldg, etc.)   INJURY OCCUR?   (If in Baltimore City, give exact location)   CAUSE OF DEATH						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK						
deceased alive on	2 manshers	and that death occur	red at / A m., from t 38. ADDRESS	the causes and on th	that I last saw the re date stated above.  23c. DATE SIGNED  5-19-51	
24A. BURIAL. CREMA- 2 TION, REMOVAL (Specify)	Nay 25/51	New Coted	RY OR CREMATORY 24d. L	3 alto. M	or county) (State)	
LOCAR DEGICTERS	REGISTRARYS SIGNATU	IRE ALLE, HA	Harry H. W. J.	a 41018ds	ADDRESS	
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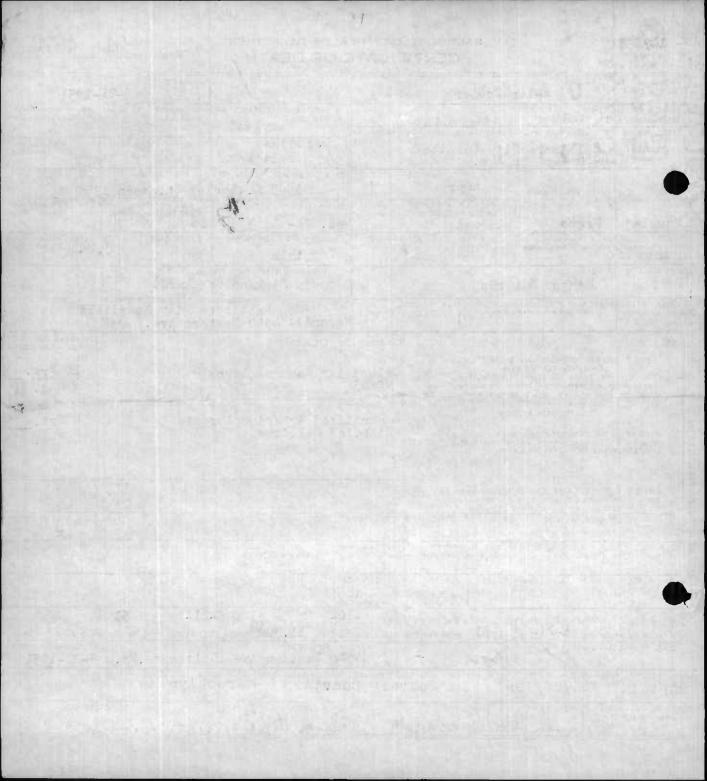


460 AB- 147838 51-147838

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4679

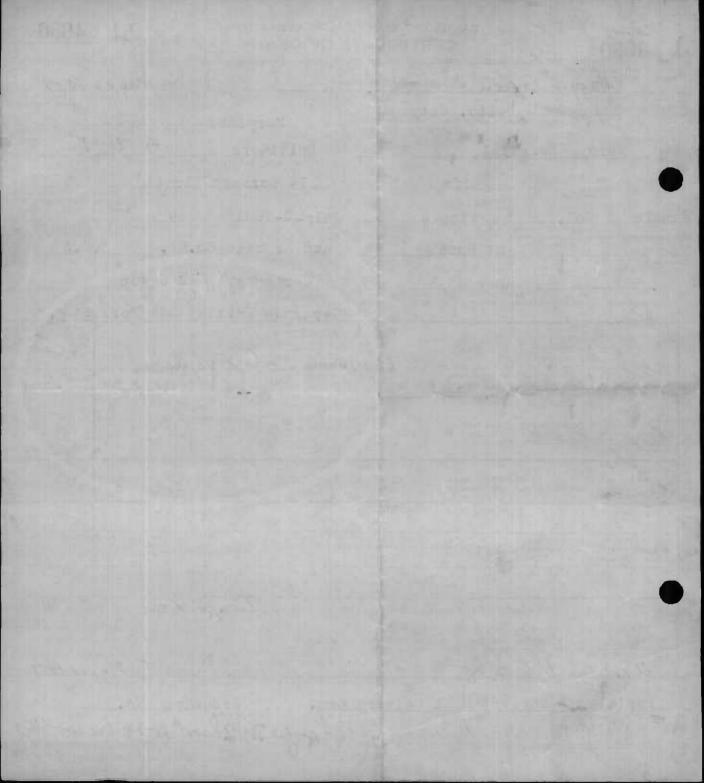
BIRTH N	3070			021111110111	_ O. DE		
1. NAME OF DECEASED (Type or Print) Relen Fowler					2. DATE OF DEATH 5-21-1951		
B. PLACE OF DEATH:  a. Baltimore City, Maryland Balto City  B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION  Baltimore City Hospitals  4940 Eastern Ave.			4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)				
							h of stay in
5. SEX	le Neg		Widowed		Pec. 24- 1884	66	Under 1 Year   H Under 24 Hours   Min.
10A. USUAL OCCUPATION (Givekind of vork done during most of working life, even if retired) HOUS @WITE			Virginia				
13. FATHER'S NAME Hanson Edwards			Susie Pinkand (Pinkerd)				
15. WAS D (Yes, no or ur	ECEASED EVER	IN U.S. ARME s, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANBaltimo Records: 4940 Eas	re City Hosp tern Ave.	Perse
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED						14 Yrs. 3 Mos. 14 Yrs. 14 Yrs.	
TO THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY?		
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21b. FLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.)  21c. TIME (Month) (Day) (Year) (Hour)  21c. INJURY OCCUR?							
22. I	hereby certiused alive on	fy that I at 5-21-	m.	and that death occu			23c. DATE SIGNED
	RIAL, CREMA- OVAL (Specify)	248. DATE 5/25/IS		TYI + Earle	ERY OR CREMATORY   24D. LO		1
DATE RELOCAL R	REGISTRAB 2 41951	REGISTRAR	L 1/11	anus, HURO	25. FUNERAL DIRECTOR	1000 Bis	ADDRESS Thy we
VS	150	- (0)		Commercial	V		0,



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31	TH	No	68	30
1 1	M A IZ	E' (	)E I	DECE

#### CERTIFICATE OF DEATH Registered to 4680 BALTIMORE CITY HEALTH DEPARTMENT

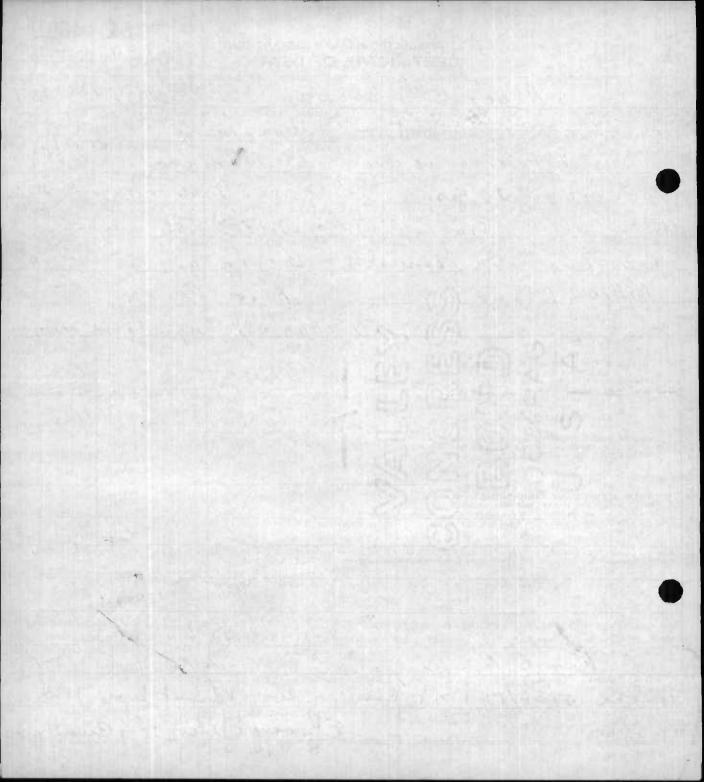
131	RTH NO.UUU			
	NAME OF DECEASED ype or Print) Haggie Gr	een Snowde	~	2. DATE OF DEATH May 22 1957
	PLACE OF DEATH:	Balto City	4. USUAL RESIDENCE (W	here deceased lived If institution: residence B. COUNTY before admission)
H	FULL NAME OF (If not in hospital OR ISTITUTION	al or institution, give street address or location)	c. CITY OR TOWN (IF	outside corporate limits, write RUBAL and give
8	Mercy Hospi		Baltimore	5-00 township)
	ngth of stay in Baltimore	Yrs. Mos.		rural, give location)
5.	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   M Under   Year   M Under 24 Hours   last birthday)   Months: Days   Hours   Min.
	emale Col.	Widowei	July-3-1901	49
WOL	A. USUAL OCCUPATION (Give kind of s done during most of working life, even if retired)	INDUSTRY	II. BIRTHPLACE (State or fo	WHAT COUNTRY?
	OUSOWITO L. FATHER'S NAME	lat Home	14. MOTHER'S MAIDEN NA	
	Rudolph	anov den	Gertrude	Jackson
15 (Ye	. WAS DECEASED EVER IN U.S. ARMEI s, no or unknown) (If yes, give war or date	D FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	No		Gertrude Hart	ley 314 Forrests+
ERTIFICATION	heart failure, asthenia, etc. It mee injury or complication which of the complex	caused death.) DUE TO  SES  (B)		Sophagus
CE	TO THE DISEASE OR CONDITION  19a. DATE OF OPERATION 1	N CAUSING IT.	ATION	20. AUTOPSY?
AL			or 21c. WHERE DID (I	f in Baltimore City, give exact location)
EDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH,	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		in Dammore City, give exact location,
Σ	21D. TIME (Month) (Day) (Year) FINJURY	(Hour) 21E. INJURY OCCURRE  WHILE AT NOT WHILE  MORK AT WORK	21F. HOW DID INJURY	OCCUR?
	22. I certify that I took char	rge of the remains described a	bove, held an Zusp	nspection or Inquiry
	the evidence obtained by and death in my opinion	said Autopsy, Inspection or I resulted from: natural causes	nquiry, find that said de	inspection or Inquiry occased died on the day stated above,
	William Viers	M M	23B. CHIEF MEDICAL I ASSISTANT MEDICAL I MEDICAL INVESTIGAT	EXAMINER X
710	AA. BURIAL, CREMA- DN. REMOVAL (Specify) Burial 5/26/I	951 Mt Calvery	Cem. Bro	OCATION (City, town, or county) (State)
1	ATE RECEIVED BY REGISTRAR	S SIGNATURE	Juneral DIRECTOR WILL	en 1000 Buntly
17	C 151			TAA.



## BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE DEATH May (Type or Print) Cooper 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland before admission) B. COUNTY (If not in hospital or institution, give struct address or HOSPITAL OR location) (If outside corporate limits, write I UR AL and give INSTITUTION 833 W. Fairmount township) 1timore D. STREET ADDRESS (If rural, give location) Yrs. Mos 133 W. Fairmount c. Length of stay in Baltimore Days 7. SINGUE, MARRIED 6. COLOR OR RACE | 9. AGE (in year) If Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) U.S. A Lopure 13. FATHER'S NAME 00 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. 213-10-1607 20 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ...... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED  $\overline{\upsilon}$ TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from May 5, 1957, to May 21, 1951, that I last saw the deceased alive on 21, 1957, and that death occurred at 2:00 mm, from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL. CREMA-24c. NAME OF CEMETERY OR CREMATORY TION REMOVAL (Specify DATE RECEIVED BY 25. F MERAL DIRECTOR ADDRESS

VS 150

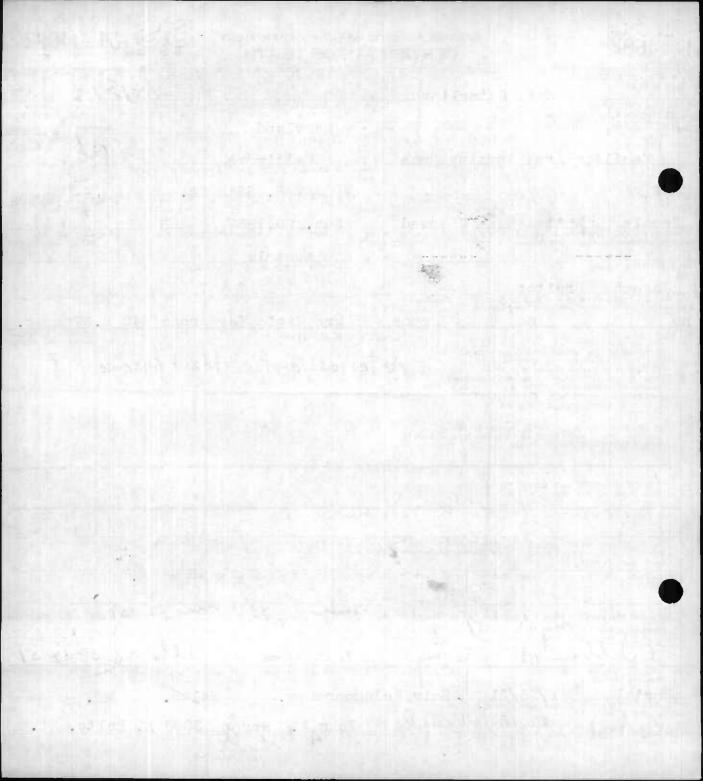


-2	36
1	4682
BIRTH	NO.

# WARE SITE HEALTH

E4 400

1	4682	2				OF DEATH		Registe	red No	4682
В	RTH NO.			CERTIFIC		OF DEATH				
	NAME OF D	ECEASED						2. DATE OF		
3	PLACE OF D	Rosa	Oster	ling		4. USUAL RESIDE	NCE (W)	DEATH	5/22/	51
Α.	Baltimore (	City, Maryland				A. STATE	INCE (W	B. COUN		before admission)
H	FULL NAME			ion, give street ad		Maryland	(Tf.c	utsida comonata	o limita mai	te RURAL and give
IN	ISTITUTION							deside corporat	1-1)	township)
lo	Hami	Iton Arms	Nursin	g Home	Yrs.	D. STREET ADDRE		ural, give locat	on)	
c.		tay in Baltimore			Mos. Days	642 E	37th	St.		
5.	SEX	6. COLOR OR RACE		MARRIED, ED, DIVORCED	(Specify)	8. DATE OF BIRTH	ł	9. AGE (In yes		Year II Under 24 Hours Days Hours: Min.
	Female	White		idowed		Nov. 29.18	857	93		
wor	done during most	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS IND	USTRY	11. BIRTHPLACE (S	State or for	reign country)		TITIZEN OF WHAT COUNTRY?
4.0						Austria				
13	FATHER'S	NAME				14. MOTHER'S MA	IDEN NA	ME		
	Joseph					?	?	?		
15 (Ye	. WAS DECEASE , no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY	NO.	17. INFORMANT			ADDRE	ss
n	0	no		none		Mrs Marie	Targ	arona 6	42 E.	37th St.
	18. 47	0.0		CA	USE C	OF DEATH				NTERVAL BETWEEN
	DISEAS	E OR CONDITION		^	1	. 1 1	. 1/	1 1-		2
	(This does	LEADING TO DEAT		. Al	-let	josc/eroti	a Hi	eart Pi	22632	
	heart failu	re, asthenia, ctc. It mea	ns the disease	e,		J. W. J.	announce du			
	injury or	complication which c	aused death	.) DUE TO						
		ANTECEDENT CAUS	SES							
Z	DISFASES	S OR CONDITIONS, II	F ANY GIVIN	(B)		• • • • • • • • • • • • • • • • • • • •		***************************************		
Ĕ	RISE TO T	HE ABOVE CAUSE (A)	STATING TH							
CA	ONDERL	ING CONDITION CA	.51.	(C)						•••••••••••
ERTIFICATION		11								
2		IGNIFICANT CONDI								
CE		TO THE DEATH, BUT			*****					
	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF	OPER.	ATION				20. AUTOPSY?
Y										YES NO
EDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, f	CE OF INJURY arm, factory, street of	(e.g., in Lice bldg.,e	to,) 21c. WHERE D		in Baltimore	City, give e	xact location)
Σ		(Month) (Day) (Year)	(Hour)	TE. INJURY O	CCURRE	D 21F. HOW DID	INJURY	OCCUR?	W. LY	
	INJURY		m.		T WHILE		-/			
	22 I hanah	y certify that I att			1/1	ner 1041	Via	neu 22	105/ 46	at I last saw the
		live on My 20		aeceusea jron and that death		10 P	from th	a antique and	on the da	te stated above.
	23A, SIGNA		19_0	ana that aeath		3B. ADDRESS	, from in	e cu uses ana		c. DATE SIGNED
		their 1-1.	· Vu	leng .	. D.	11 E. Chose	Id.	Odelto.	md 5	7-24-51
	4A. BURIAL.					RY OR CREMATORY	24D. LC	CATION (City,	, town, or co	unty) (State)
TI	ON, REMOVAL (S	5/25	103	77 - 7 D -			-	2.4	37.3	
D	Burial ATE RECEIVE		S SIGNATU	Holy Re	deen	25. FUNERAL DIR	ECTOR	alto.	MAG	RESS
L			0 111							
	OCAL REGIST	RAR	town N.11	Marked Ad B		alan A 36		7000		
=	1AY 2 41	The same of the same	ton Mu	ioms, M.	J	ohn A. Mc	ran	3000 E	, Balt	
=		The same of the same	ton Nu	iams, M.S.		401	100	6		
=	1AY 2 41	The same of the same	ton Mul	iams, Mg		401	Man	6		



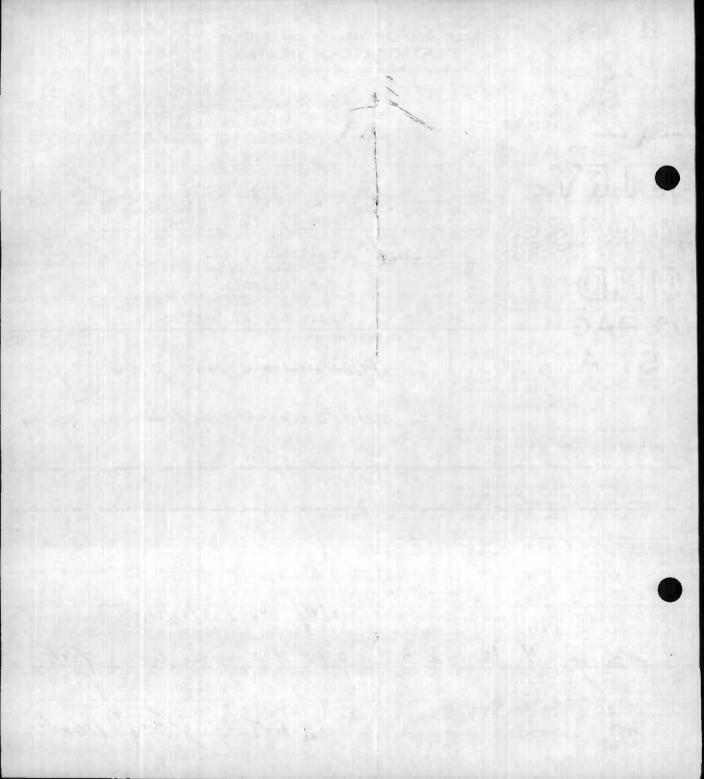
BALTIMORE CITY HEALTH DEPARTMENT 4683 Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) FLEtcher WILLIAM DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, Finstitution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, white RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. FIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTR WHAT COUNTRY? mue B 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 4432 neur 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY crotic C-V. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) ...... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPS EDICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, fectory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE , 195/, that I last saw the 22. I hereby certify that I attended the deceased from. , 1951, and that death occurred at 9:10 Pm., from the causes and on the date stated above. deceased alive on\_ 234 SIGNATURE 23B. ADDRESS 23C, DATE SIGNED 24A. BURIAL, CREMA-REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR 150

Na Leoch, UE. Eager St.

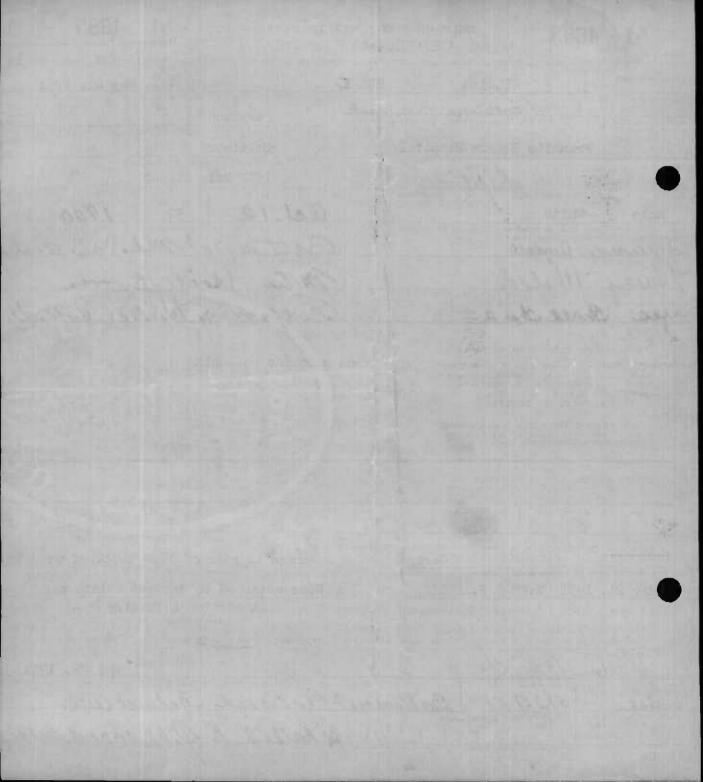
BIRTH	J.	4684 3-6	26	BAI		EALTH DEPARTMENT E OF DEATH	51 4684 Registered N	0
1. NAM		ECEASED	JOHN	EDWARD	BURKERT,	SR.	2. DATE OF May 2	23, 1951
A. Balt	L NAME	Of (If	not in hos		ion, give street address or location)	c. CITY OR TOWN (If	Where deceased lived. If in B. COUNTY	nstitution : residence before admission
C. IX.II	gth of s		altimore	Court Li:	Yrs. Mos. Days	Baltimore D. STREET ADDRESS (If 927 Webb Cou	SECTION CONTRACTOR	16-02
5. SEX		W	R OR RAC	Wiggy	E, MARRIED, (ED DIVORCED (Specify)	Mar. 15, 1862	last birthday) Mon	Inder I Year ths Days Hours Min.
Wat 13. FAT	Chmal	n- re	t 19	yrs	oof Business or Industry Building	Baltimore, Md		12. CITIZEN OF WHAT COUNTRY
15. WAS	DECEASE unknown)	D EVER I	U, S. ARM	ED FORCES?	16. SOCIAL SECURITY NO. NONE	Mary Bromell 17. INFORMANT 927 W Mrs. Mary A. E		DRESS
Z O E	This does leart failu njury or	LEADIN not mear re, astheni complicat  ANTECEI GOR CON HE ABOVE	G TO DE the mode a, etc. It m ion which DENT CA	of dying, e. geans the diseas caused death JSES IF ANY, GIVINA) STATING TH	(B) A	OF DEATH  ERIOSCLEROTIC F		
H T	RIBUTING	TO THE	DEATH, BL	DITIONS CON T NOT RELATE ON CAUSING I	D			
CAL	. ACCID		UNDER	218. PL/	FINDINGS OF OPER	n or   21c. WHERE DID (I	f in Baltimore City, gi	20. AUTOPSY? YES NO L ve exact location)
E CA	CAUSE OF DEATH  D. TIME (Month) (Day) (Year) (Hour)  WHILE AT WORK  MORY  About home, farm, factory, street, office bidg., etc.)  INJURY OCCUR?  21F. HOW DID INJURY OCCUR?							
dec	I hereby	ive on_	that I o		\ 2	12/31/, 1948, to rred at 3-30 A.m., from to 23B. ADDRESS UCK N. Luce	5/23/5/, 19, he causes and on the	that I last saw the date stated above
HON, RE	URIAL, C MOVAL (S	REMA/ 2 pecify,	48. DATE /25/5		24c. NAME OF CEMETE Parkwood Ce		ocation (City, town, octimore, MD)	or county) (State)
	RECEIVE	RAR R	EGISTRA	R'S SIGNATI	This was to as I	LEN RY SANDERTOR	SONS, INC	ADDRESS

MEDICAL CERTIFICATION

MAYS250195



BIR	51. TH NO.	46854				OF DEATH		stered No.	85
	NAME OF De or Print)	ECEASED	WILLIAM	51	HULSE		2. DATE OF DEATH	May 2	21, 1951
	Baltimore	EATH: City, Maryland	Battimes	mar	Mark	4. USUAL RESIDEN	B. COI		titution: residence before admission
HOS	ULL NAME	OF (If not in h	ospital or instituti	on, give stree	address or location)	c. CITY OR TOWN		orate limits, v	write RURAL and give
INS	TITUTION	Franklin	Square Ho	ospital			imore		township
	agth of	stay in Baltimo	re Libitio	me.	Yrs. Mos. Days	D. STREET ADDRESS	Cole Stree		19.03
5. 8		6.COLOR OR R	ACE I 7/SINGLE	, MARRIED, ED, DIVORC		8. DATE OF BIRTH		years If Un hday) Mont	der I Year M Under 24 Hours hs: Days Hours: Min.
	. USUAL O	CUPATION (Givel			ESS OR	11. BIRTHPLACE (Star	te or foreign country	y) 12	2. CITIZEN OF
B	etim FATHER'S	of working life, even if re	ock.		- INDUSTRI	Botting 14. MOTHER'S MAID	see) M	ed.	WHAT COUNTRY
7	dosse	1 Houl	10.			mita -		lut	H.
15. (Yes,	WAS DECEA no or unknow	ED EVER IN U.S. A	RMED FORCES?	16. SOCIA SECUF	L RITY NO.	17. INFORMANT	in The	ADE	dull dt.
	18. E	973.11			CAUSE C	F DEATH			INTERVAL BETWEEN
	(This doe heart fail	SE OR CONDIT LEADING TO s not mean the n ure, asthenia, etc. l complication wh	DEATH node of dying, e. g It means the disease	e,		monoxide poi	soning		
		ANTECEDENT	CAUSES						
RTIFICATION	RISE TO	S OR CONDITIO THE ABOVE CAUSE YING CONDITION	(A) STATING TH	IG					
ERTIFIC	TRIBUTIN	SIGNIFICANT C G TO THE DEATH, DISEASE OR COND	BUT NOT RELATE	.D					
O	19A. DATE	OF OPERATION	19B. MAJOR	FINDINGS	OF OPERA	TION			20. AUTOPSY?
		NAL CAUSE WA		CE OF INJU	JRY (e. g., in	er 21c. WHERE DID		re City, giv	e exact location)
	UTING L	CAUSE OF DE	ATH.	Garage		Garage in	rear of 160	0 block	of Cole St
Σ	F INJURY May 2.	(Month) (Day) ( L. 1951 7:		VHILE AT WORK	NOT WHILE			ust & i	window nto car
	22. 1 cert	ify that I took	charge of the			ove, held an Insp	ection & Interpretation or	nquiry	thereon and from
	and d	eath in my opin	d by said Auto nion resulted f	psy, Insperom: natu	ction or In	iquiry, find that so $\Box$ , accident $\Box$ , su	uid deceased die leide 🕱. homici	$de \square$ . und	letermined [].
	23A. SIGNA	Clian La	with		М.	ASSISTANT MED	ICAL EXAMINER ICAL EXAMINER ITIGATOR	30	7 22, 1951
	N. REMOVAL (		C/K/	Botto	F CEMETER	Y OR CREMATORY 2	L KAL	ity, town, or	county) (State)
	TE RECEIVE CAL REGIS	D BY REGIST	RAR'S SIGNATU	RE	4-0	25. FUNERAL DIREC	F Mi	150	DDRESS
v s	151	- 968	. 0	1 4	311	H MULLE	yell	16:	N V

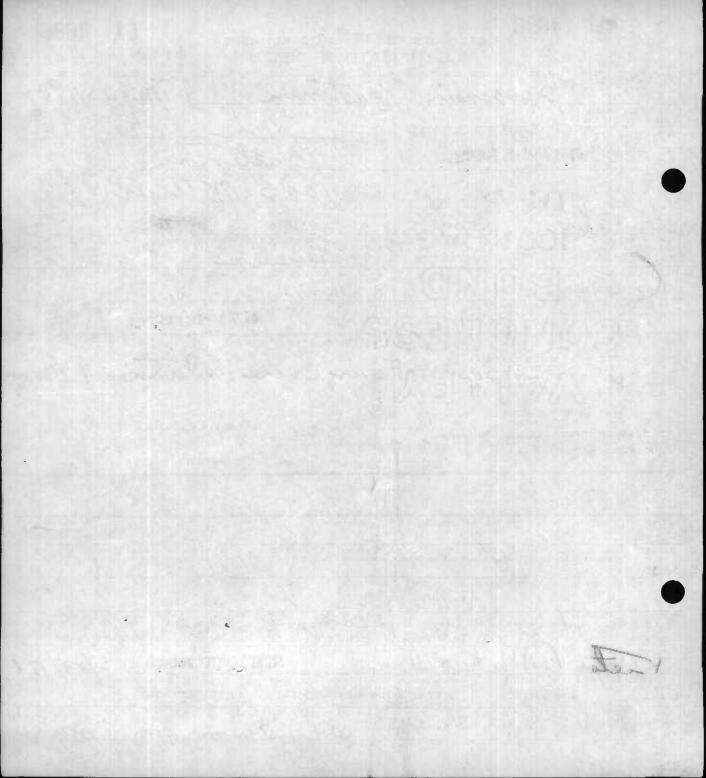


#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4686

200a

BIRTH NO. CERTIFICATI	E OF DEATH Registered No.
1. NAME OF DECEASED Benjamin Br	otman 2. DATE May 23,195/
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE, (Where deceased fived in institution residence A. STATE B. COUNTY Defore admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION  JOINT MORE OF (If not in hospital or institution, give street address or location)	c. CITY OF TOWN (If outside corporate limits, write RURAL and give township)
Yrs. Mos. Days	D. STREET ADDRESS Hyrural, give location)  1003 Mc aleer A.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 9. AGE (In years of Under 1 Year Months Days Hours Min.
real Estate  OCCUPATION (Give kind of ork done during most of working life, even if retired)  Real Estate  Proprietor	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  Jacob Brotman	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Anna ?  17. INFORMANT ADDRESS
(ii yes, give war or dates of service) SECURITY NO.	CONTRACTOR SELECTION OF THE SERVICE SERVICES
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	er Cause undetermined Hogy
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e CAUSE OF DEATH  TIME (Month) (Day) (Year) (Hour) NJURY  WHILE AT NOT WHILE AT WORK  22a. I hereby certify that I attended the deceased from deceased alive on 2 3 , 10 , and that death occur 23a. SIGNATOR:  WH.D.  24a. BURIAL, CREMA- TON, REMOVAL (Specify) BUT181  May 25.951  LYING OF INJURY (e. g., ir about home, farm, factory, street, office bldg., e about home, f	2 2 19, to 2 3 , 19, that I last saw the red at 2 m., from the causes and on the date stated above.  3B. ADDRESS 23C. DATE SIGNED RY OR CREMATORY 24D. LOCATION (City, town, or caunty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS // 26 W

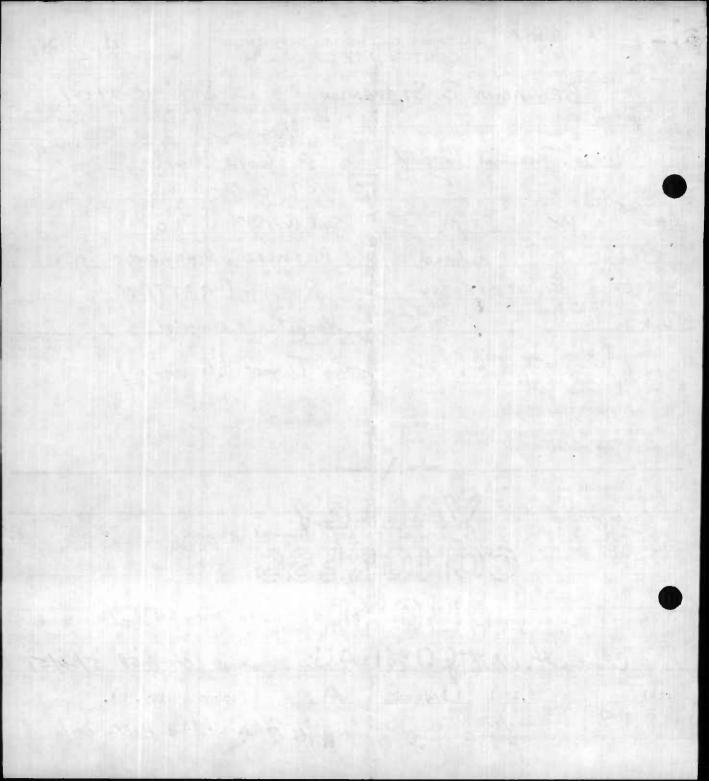


# BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 4687

В	IRTH NO.	CERTII ICATI	OF BLATH		
(':	NAME OF DECEASED Type or Print)  BENJA	MIN B. STEVEN	SON	2. DATE OF DEATH 5-24	4-5-1
	. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived, If ins	titution : residence before admission
Н	FULL NAME OF (If not in hospital OSPITAL OR NSTITUTION )	or institution, give street address or location)	c. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give
4	Union hem	and (forpital	& Cape	Charles	township
c	ogth of stay in Baltimore	5 Mean Days	b. STREET ADDRESS (If	rural, give location)	
5	SEXMALE 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Sent 16 1890	9. AGE (In years last birthday) Month	
1 (	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)   12	CITIZEN OF WHAT COUNTRY
1.1	Clarical B. FATHER'S NAME	Railroad	POCOMOKE,	MARYLAND	USA
	CLARENCE E SY	TE VENSON	14. MOTHER'S MAIDEN N.		
1:	5. WAS DECEASED EVER IN U. S. ARMED (If yes, give wer or dates	FORCES?   16. SOCIAL	17. INFORMANT	RATTEN	RESS
	(If yes, give wer or dates of	of service)   SECURITY NO.	Hornital Re	(ords)	11233
	18. 193 X	CAUSE (	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION D	н	rin Tumor (	(C) .)	2
	(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ca	is the disease,	un ramer (	O Sloma /	
	ANTECEDENT CAUSE	ES			
S	DISEASES OR CONDITIONS, IF	ANY, GIVING (B)			
A	RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAS	ST.			U.S. PROPERTY
7		(C)		***************************************	
2	OTHER SIGNIFICANT CONDIT	TONS CON-			
C)	TRIBUTING TO THE DEATH, BUT N TO THE DISEASE OR CONDITION	CAUSING IT.			
AL	19A. DATE OF OPERATION 1 19	B. MAJOR FINDINGS OF OPER	atton toward re		YES NO
	21A. ACCIDENT WAS UNDER-	21B. PLACE OF INJURY (e. g., in shout home, farm, factory, street, office bldg., et		f in Baltimore City, give	
Ξ Σ	LYING OR CONTRIBUTING CAUSE OF DEATH		WOORF OCCORF		
	21D. TIME (Month) (Day) (Year) (	(Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE	D 21F. HOW DID INJURY	COCCUR?	
		m.   WORK   AT WORK	100 51 3	411	
	22. I hereby certify that I atterdeceased alive on way 24,		ay 20, 195, to 7	noy 24, 195/, t.	
	23A. SIGNATURE	2	3B. ADDRESS	he causes and on the c	3c. DATE SIGNED
2	LANCE !	Vall, , M.D.	Union humanial	Hospital .	5/24/51
TH	ON, REMOVAL (Specify)	29C. NAME OF CEMETER		OCATION City, town, or	
	ATE RECEIVED BY   REGISTRAR'S		25. FUNERAL DIRECTOR	omoke City, Md.	DDRESS
4		eton Milliams, M. "	Les le Triban	1 Sona Roll	Greek
Ī	VS 150		A Johnson	Marko	-
		57050			54a

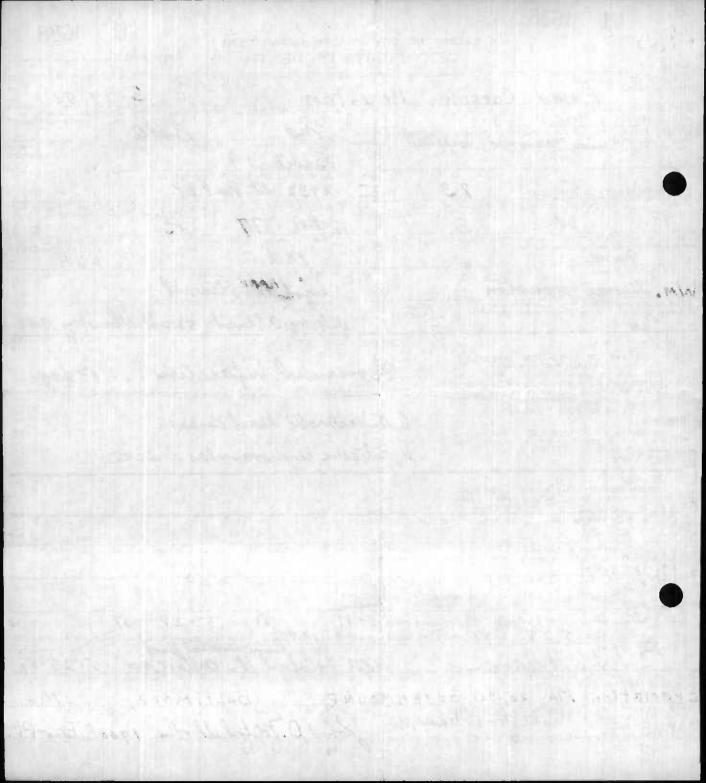
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4688

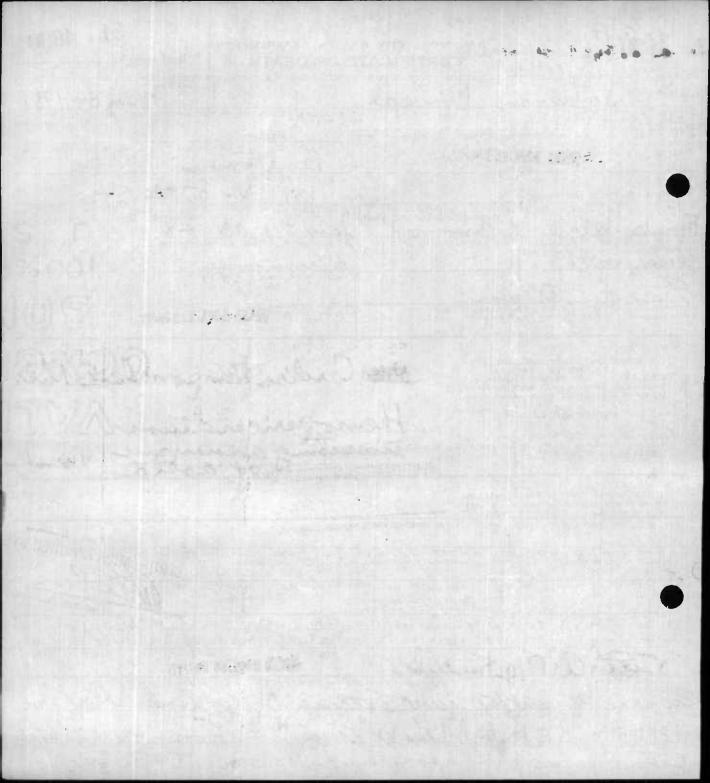
CERTIFICATE	E OF DEATH Registered No.
BIRTH NO.	- OI DEATH
1. NAME OF DECEASED	2. DATE
(Type or Print) Emma Carson Hous	
3. PLACE OF DEATH:	DEATH 27.3
A. Baltimore City, Maryland	A. STATE B_COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give struct address or	md Rolli
HOSPITAL OR Union Memorial Hospital location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
INSTITUTION CONTRACTOR OF THE PROPERTY OF THE	2 1+ 10 township)
	12allo 19 12-0 2
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Ingth of stay in Baltimore 73	2932 St. Paul St.
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	
WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (in years if Under I Year li Under 24 Hours last birthday) Months; Days Hours; Min.
P W S	001.11 1877 73
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
NDUSTRY	WHAT COUNTRY
none	ma, WHAT COUNTRY!
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
when yours Houston	CO AARE DE
NM. George Housloy	Clipa sulvay
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (Yes, no or unknown)   (If yes, give war or dates of service)   SECURITY NO	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	1. Horge a. Steward 5300 H. Albans Way Ballo
no	Dr. 400 98 (1. Parent 5 300 41. RECHARING 173000
18. 470,0 1 CAUSE C	OF DEATH
DISEASE OF CONDITION PIPERSON	ONSET AND DEATH
LEADING TO DEATH	ocerdial infarction 13 days
(This does not mean the mode of dying, e.g., (A)	rearded infarction 3 days
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
migration which caused death.) Due 10	
ANTECEDENT CAUSES	
Z (B) (L) levot	relaration Least desease
DISEASES OR CONDITIONS, IF ANY, GIVING	•
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c) Tyerlan	evi condissapoulas desease
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
1 194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e. g., io	or   21C. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., et	nc.) INJURY OCCUR?
CAUSE OF DEATH	
210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
NJURY WHILE AT NOT WHILE	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from 5-	11 1051 12-24 1081 11 11
deceased alive on 5-29, 1957, and that death occur	red at 12:40 pm., from the causes and on the date stated above.
23A. SIGNATURE 23	38. ADDRESS Miner Alemonal Hold .   23c. DATE SIGNED
Alful Mlama 1 13	3 4 1 Calvel Dt Balt 1820 6-74.57
24A. BURIAL CREMA- 24B. DATE   24C. NAME OF CEMETER	BY OR CREMATORY   240   OCATION
TION, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Cremation MAY 25,1951 GreenMoul	NT Baltimara MI
DATE RECEIVED BY I REGISTRAR'S GIGNATURE	MI IDALTIMOVE, MODRESS ADDRESS
LOCAL PECISTRAD	ADDRESS
MAY 251951 Committing for Millands, Mills	John O. Mitchell Tomo 1900 Entaro Pl
	on viruence 15mo 1900 curaco 1



may be	mr. A	1000
1 - 3	51	4689

1		1, 4000	RAI	TIMORE CITY H	EALTH DEDARTA	MENT	51 4689
1	642			CERTIFICAT			No.
_	IRTH NO.						
	NAME OF D Type or Print)	L OU	15	PEARLM,	AN	2. OATE OF DEATH	may 1951
	Baltimore C	City, Maryland			A. STATE	NCE (Where deceased lived, I	
Н	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hosp		on, give street address or location)		(Moutside corporate limi	07 its, write RURAL and give
	5	SINAI	110	SPITAL Yrs.	D. STREET AOORES	SS (Urrural, give location)	township
c.	hgth of s	tay in Baltimore		Mos. Days	D. STREET AOORES	SS Grural, give location)	
5.	SEX	6. COLOR DR RACI		, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	If Under 1 Year If Under 24 Hours In Min.
orl	A. USUAL OC	CUPATION (Give kinds) of working bie, even if retires	of 108. KIND	OF BUSINESS OR INDUSTRY		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S N	IAME	0		14. MOTHER'S MAN	DEN NAME	
/	laro	w	- 10	epoin	wol Ku	OWY	
15 Ye	. WAS DECEASE	D EVER IN U. S. ARM (If yes, give war or da	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	0 1	ADDRESS
				SECORITI NO.	Morris Per	relman -826 M	elford Mill Ko
	18. 446	X		CAUSE	OF DEATH		INTERVAL BETWEEN
I	DISEAS	E OR CONDITION			11-5110		SHOE! AND BEATH
	(This does	not mean the mode re, asthenia, etc. It me	of dying, e. g.	, (A)	UREMIA	***************************************	
		complication which					
		ANTECEDENT CAL	SES		V		
5	DISEASES	OR CONDITIONS,	IF ANY, GIVIN	(B)		***************************************	·
	UNDERLY	HE ABOVE CAUSE (A	) STATING TH AST.	116	phrosclero.	S/ c	
3				(C)			
1	OTUED 6	II SOUTH SOUTH	UTIONS				
T L	TRIBUTING	IGNIFICANT CONE	NOT RELATE	D			
		F OPERATION		FINDINGS OF OPER	RATION		20, AUTOPSY?
7		Nme			Nime		YES NO X
בוחו	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER-		CE OF INJURY (e. g., i arm, factory, street, office bldg.,			give exact location)
2	21D. TIME (	Month) (Day) (Yea	r) (Hour)   2	TE. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	INJURY		m. W	HILE AT NOT WHILE			
	22. I hereby	y certify that I a			April 1951	to 25 May 195	, that I last saw the
	deceased al	n ela		000000000000000000000000000000000000000		from the causes and on t	
Í	23A. SIGNAT	URE	0 4	2	38. ADDRESS	10 11	23c. DATE SIGNED
	1	LUINE	defenti	M. D.	SINAI	17Ppital	25 1704 1951
	4A. BURIAL, CON, REMOVAL (S		1 /	4C. NAME OF CEMETE	RY DR CREMATORY	240 EQCATION (City, town	n, or county) (State)
1	mova	C A-11-	1/ //	a revo	w	roug oscia	na a. B
	MAY 251		'S SIGNATU	Villians M. M.	APK AND WAS	2100 Este	ADDRESS Place
	VS 150			and the state of t			
			2/1	59184			1310

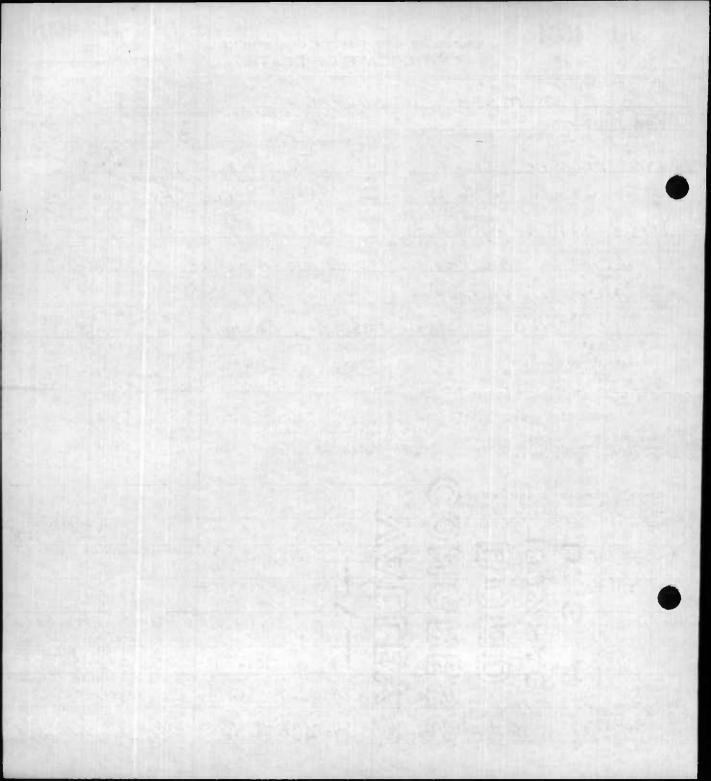
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#### BALTIMORE CITY HEALTH DEPARTMENT

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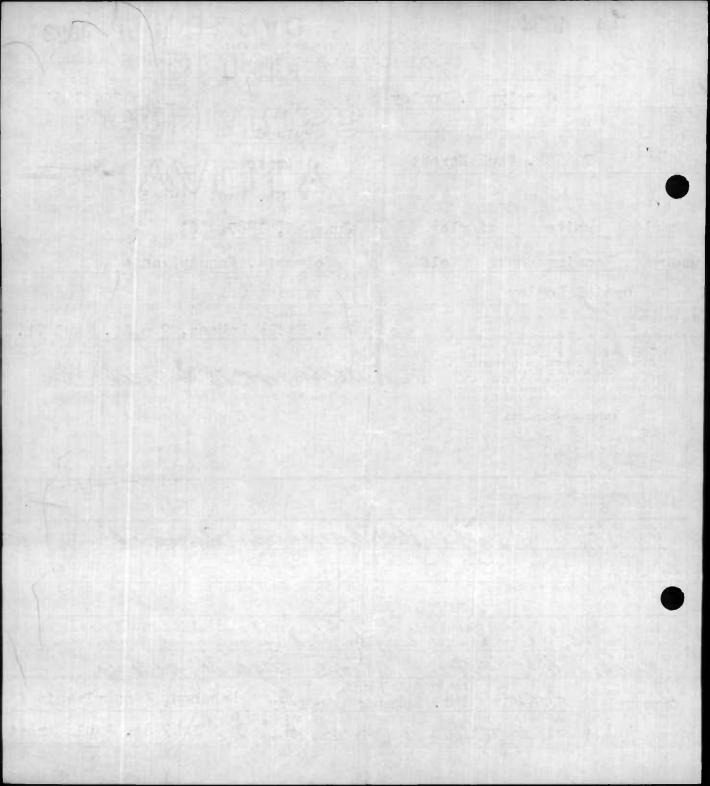
R	IRTH NO.			CERTIFIC	CATI	E OF DEATH	Registered No	0
1.	NAME OF D	ECEASED					2. DATE	
(1	Type or Print)		MARY	1 DR	ANI	CHAK	OF DEATH 5	-23-51
	Baltimore (	EATH: City, Maryland				4. USUAL RESIDENCE (W		
H	FULL NAME OSPITAL OR	OF (If not in hosp	oital or institut	ion, give street ad le	dress or ceation)	c, CITY OR TOWN (If	BALTO ' outside corporate limits,	write RURAL and give
11	2930	ELLIOTT	57.			DUMPALK	22, md.	township)
N.	2100		971	,	Yrs.	D. STREET ADDRESS (If		
C		tay in Baltimore	5 %	WKS	Mos. Days	1806 BELL		6 200
5.	SEX	6. COLOR OR RAC		E, MARRIED, /ED, DIVORCED	(Specify)	8. DATE OF BIRTH		Inder 1 Year If Under 24 Hours the Days Hours Min.
	TEM.	WH.		OWED		AUG 1873	75	
wor!	NA. USUAL OC k done during most	CUPATION (Give kind of working life, even if retire	of 10B. KINE	OF BUSINESS	OR	11. BIRTHPLACE (State or fo	oreign country)	WHAT COUNTRY
13	FATHER'S	ECTOR NAME	FOOD +	ACKING-		HUSTRIA - HUNGA	1K7	MUNGARY
		MICHAEL	Vno	SANV		A. OP Y	(7)	
15	. WAS DECEAS	ED EVER IN U. S. ARM	ED FORCES?	16. SOCIAL		17. INFORMANT	AD	DRESS
(Ye	A 1 6	(If yes, give war or de	(C)	Jao -20-		MARY SALANI	2930 EL	LIGTT ST.
	1B. L/2					OF DEATH	A PACID	INTERVAL BETWEEN
	78	SE OR CONDITION	N DIRECTLY	VII.		0 24		ONSET AND DEATH
	The Land Street	LEADING TO DE	ATH	7 (4)		Erstral Him	rorrhage.	
	heart failt	are, asthenia, etc. It me complication which	eans the diseas	ie,		***************************************		
	mjury or			0			A	
Z		ANTECEDENT CA	USES	(B)	ars	no-noscular	auscase,	
5	DISEASE RISE TO	S OR CONDITIONS	, IF ANY, GIVIN	VG (	4	a a anti-	فالمحمول عالمها	
A	UNDERL	YING CONDITION	LAST.		1 den	maley id		
FIC				(C)	*** **** ****			
ERT	OTHER S	II SIGNIFICANT CON	DITIONS CO	N -				
CE	TRIBUTIN	G TO THE DEATH, BU	T NOT RELAT	ED				
		F OPERATION		FINDINGS OF	OPER	ATION		20. AUTOPSY?
A					361			YES NO X
EDICAL	21A. ACCIDI HOMICIDE	ENT. SUICIDE. (Specify)	21B. PLA about home,	ACE OF INJURY	(e.g., in	or 21c. WHERE DID (I	If in Baltimore City, gi	ve exact location)
Σ	21D. TIME	(Month) (Day) (Yes	r) (Hour)	21E. INJURY O	CCURRI	ED 21F. HOW DID INJURY	Y OCCUR?	
	NJURY		m.		T WHILE			
	22 I hough	ar annition Aland I				5 - 1 195 (to	5-23,1951	that I last ones th
	deceased a	live on 5		and that death		1/1)	he eauses and on the	
П	23A. SIGNA		0., 1301.	ana inai aeaii		3B. ADDRESS	ne enases and on the	23c. DATE SIGNED
	20	word a.	Llang	an gr. M	. D.	3501 tau	ave.	5/23/51
24	4A. BURIAL.	CREMA- 24B. DATE	c 0	24c. NAME OF C	EMETE	DIECIAN	OCATION (City, town,	
	BURIAL	- 15/26	151	ST. ANDR	ENS	ORTH. DAL	TO. CO., md	
	ATE RECEIVE		R'S SIGNATU	RE		25. FUNERAL DIRECTOR	0 10	ADDRESS
	MAY 25	1951	tweton	Your agus of	AM	Walter 42 who	Brodley, W	undalk, hyd
	1111		140 7	The state of the s				



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	-dha	1000	d
Registered	No		

And the second s				
1. NAME OF DECEASED (Type or Print) Carolyn B.	Donley		2. DATE OF May	23, 1951
S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution			Where deceased lived, If B. COUNTY	institution: residence before admission)
HOSPITAL OR INSTITUTION 706 St. Paul St		Baltimore	11-0	s, write RURAL and give township)
c. ength of stay in Baltimore	Yrs. Mos. Days	706 St. Pa		
5. SEX   6. COLOR OR RACE   7. SINGLE, I	MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH	I a AGE IIn years I	onths Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND Of vork done during most of working life, even if retired)  Operates Rooming House Starther's NAME	elf	11. BIRTHPLACE (State or Columbia, P	ennsylvania	12. CITIZEN OF WHAT COUNTRY?
Daniel Donley		Harriet Co.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Emily De		t. Faul St.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  IL OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	(A)	ucimonal	J Sline	
LYING OR CONTRIBUTING about home, farm CAUSE OF DEATH  TIME (Month) (Day) (Year) (Hour) 211 NJURY	E OF INJURY (e.g., in, factory, street, office bldg., c	etc.) INJURY OCCUR?	Simulation (If in Baltimore City, and Coccur?	20. AUTOPSY? YES NO Zive exact location)
22. I hereby certify that I attended the de deceased alive on 5/21, 1951, an	ed that death occur	10-E - Eaga	the causes and on the	that I last saw the he date stated above.
TION, REMOVAL (Specify)	c. NAME OF CEMETE	(/   T	ebanon, Pen	
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	E	25. FUNERAL DIRECTOR	1	Paul Street
VS 150		88		46 3

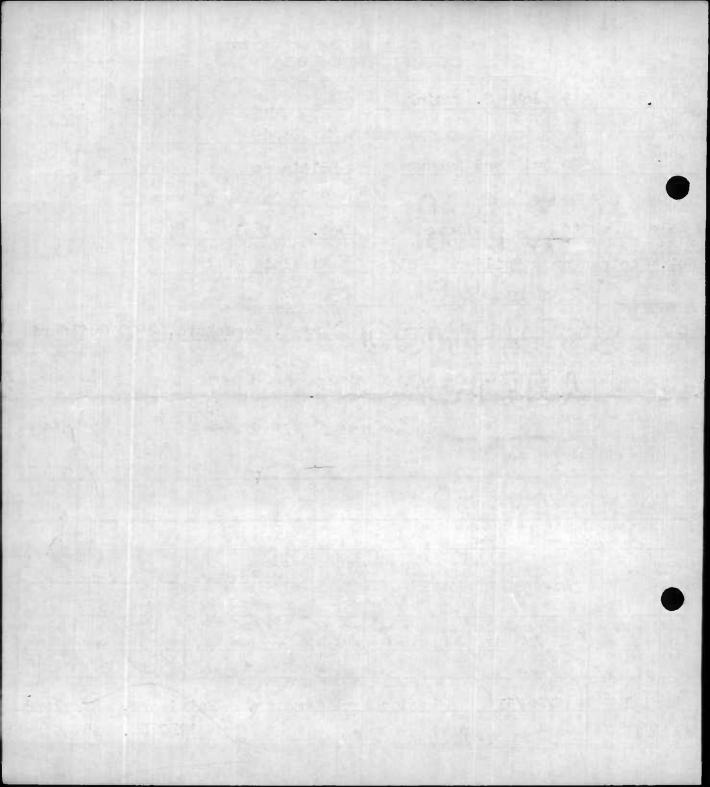


# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

,	1.2.	40	20
Registered	No.		

BI	RTH NO.				- OI BEATTI		
1. NAME OF DECEASED						2. DATE	
(T)	(Type or Print) John S. Busick					DEATH May	y 24, 1951
3.	PLACE OF D	EATH:			4. USUAL RESIDENCE (W	Where deceased lived. If	institution : residence
		City, Maryland	. 1		A. STATE Maryland	B. COUNTY	before admission)
	FULL NAME	OF (If not in hospit	al or instituti	on, give street address or location)		auteido cornoveto limi	ts, write RURAL and give
	STITUTION	0500 0-3		A	Head and the second second	l O	township)
()		2500 Gui	liora		Baltimore	12-6	
				Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
C.		tay in Baltimore		Days	2500 Guilfor	rd Avenue	
5.	SEX	6. COLOR OR RACE	7. SINGLE	., MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH		If Under 1 Year If Under 24 Hours on the Days Hours Min.
1	nale	white	9	dowed	Oct. 1861	89	
10	A. USUAL OC	CUPATION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
		f working life, even if retired)	R114740	INDUSTRY	Vincinio		WHAT COUNTRY?
	FATHER'S	tractor & 1	pullue.	r Self	Virginia 14. MOTHER'S MAIDEN NA	A 1/ F	
10	· · · · · · · · · · · · · · · · · · ·	9			14. MOTHER'S MAIDEN NA	A IVI E	
						New York Control	
15 (Ye	. WAS DECEASI	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
	10	(11 001) 0010 1111 11 1111		none	Clara M. Deger	hard. 2500	Guilford
	18. 4	. (			OF DEATH	2700	IINTERVAL BETWEEN
	1 4	1		CAUSE (			ONSET AND DEATH
		E OR CONDITION	TH	Car.	and Back	11:	·
	(This does	not mean the mode ore, asthenia, etc. It mea	of dying, e. g	(A)	yay accur		
		complication which					
		ANTECEDENT CAUS	SES	0/	· demand	1	
Z				(B) Clerge	u myocoras	les	4 years
O		OR CONDITIONS, I					
CATION	UNDERLY	ING CONDITION LA	STATING TH				
				(C)	***************************************	*******************************	***************************************
교		11					E
ERT		IGNIFICANT CONDI					
빙	TO THE D	TO THE DEATH, BUT	NOT RELATE	D			
,				FINDINGS OF OPER	ATION		20. AUTOPSY?
A	N	low					YES NO
EDICA	21A. ACCID	ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., in	or   21c. WHERE DID (1	If in Baltimore City,	give exact location)
	LYING OF	R CONTRIBUTING	about home, f	arm, factory, street, office bldg.,	tc.) INJURY OCCUR?	1	
Σ		(Month) (Day) (Year'		21E. INJURY OCCURR		OCCUR?	
	NJURY	(Month) (Day) (Tear)		WHILE AT NOT WHILE	ZIP. HOW BIB INSURI	CCCORT	
		moul	m.	WORK AT WORK	1 45	G	
22. I hereby certify that I attended the deceased from June 18 194, thur 195, that I last saw to deceased alive on 196, 196, and that death occurred at 196, from the causes and on the date stated about 23A. SIGNAPORE 23B. ADDRESS 123C. DATE SIGNE						I that I last saw the	
						23c DATE SIGNED	
	R	· de	roly	мв	5106 Harson	rel Kral	9-24-57
24	A. BURIAL.	CREMA- 24B. DATE		24c. NAME of CEMETE	RY OR CREMATORY   24b. L	OCATION (City, town	, or county) (State)
TIC		21-1	100			-	
	burial	5/26/	)T		rk Cemetery	Baltimore,	Maryland
10	ATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS 1217 St. Paul Street						
[V	IAI ZOIS	Teant	is aton ?	Villiance 11 m	14685	TST / DC.	raul buree
	VE 150		4	775			0

1 3 4 4 4 A



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OWEN OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY TOWN (It outside corporate limits write RURAL and give INSTITUTION

4694

before admission)

(township)

ngth of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If	raya! give location)	81	
M	6. COLOR OR RACE		E. MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH Sept. 1892	9. AGE (In years last birthday) Mo	onths Days Hours Min.	
. USUAL OC	CUPATION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF	
one during most of working life, even if retired) INDUSTRY			North Carolina. WHAT COUNTRY?				
FATHER'S N	IAME		)-m:	14. MOTHER'S MAIDEN N			
?		artr		Callie Whiti	field		
WAS DECEASE no or unknown)	D EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS	
			SECONTT NO.	Mrs. Rosa Bry	vant 637 N.	Paca St.	
	re, asthenia, etc. It mea complication which o			7	,	0.	
	ANTECEDENT CAUS	ES	Clero	me Myora	edetes	18 miss	
RISE TO T	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						
			(C)				
TRIBUTING	II  SIGNIFICANT CONDI  S TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	N -				
			FINDINGS OF OPER	ATION		20. AUTOPSY?	
21A, ACCIDE HOMICIDE	21A. ACCIDENT, SUICIDE,   21B. PLACE OF INJURY (e.g., in or   21c. WHERE DID (If in Baltimore City, give exact location)						
INJURY (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  WHILE AT WORK   NOT WHILE   AT WORK   AT WORK							
22. I hereby certify that I attended the deceased from 3/4/ 1957, to 5/22/ , 195/ that I last saw the							
deceased alive on 5/17, 195/, and that death occurred at 145 P.m., from the eauses and on the date stated above.							
23A/SIGNATURE HUNTON 23B. ADDRESS BILLY 87 23C PATE SIGNED 450 W BILLY 87 23C PATE SIGNED							
A. BURTAL, (S			24c. NAME OF CEMETE	RY OR CREMATORY 24d. L	OCATION (City, town	, or county) / (State)	
Burial	5-26-51	1	It. Auburn C	em Bai	Itimore, Mo		
TE RECEIVE	D BY   REGISTRAR'	S SIGNATU	RE )	FUNERAL DIRECTOR	T. Aprilled	ADDRESS Biddle 55	
1 25 19	251951 Thurtington Hellique Winterger 4. Aleusley. Biddle 3						
VS 150							
			97099			431	
	and the second				particular and the last	1	

LOCAL REGISTRAR VS 150

10A. USUAL OCCUPATION (Give kind of)

work done during most of working life, even if retired)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

13. FATHER'S NAME

5. SEX

18.

ERTIFICATION

U

EDICAL

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Burial DATE RECEIVED BY

THE REPORT HOME . sufficient sites misitaling other Mrs. Ross . Fromt Car . Back att 1356 t otomities and medical file of the second Andrew States of the state of t

1. NAME OF DECEASED

BIRTH NO

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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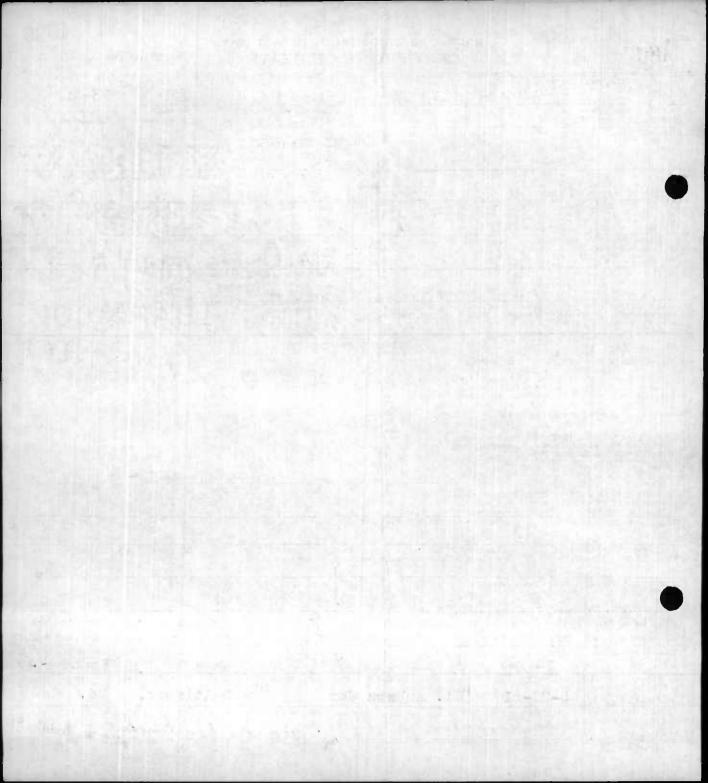
2. DATE

(Type or Print) DEATH May 23, 1951 Mary J. Griffin 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Marvland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAE and give INSTITUTION Mownship) 2101 Coldspring Lane Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 541 W. Biddle St. c. Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) 11 Under 1 Year last birthday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) Female volored Married Oct. 2.1896 54

11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? South Carolina U. S. A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lowton Moore Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mr. Luther Griffin 541 W. siddl St INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES tensin Next brilig DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F, HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NJURY NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from Jer 19 1, 19 1, to May 2, 19 5, that I last saw the deceased alive on May 1/19 1, and that death occurred at 7 A.m., from the calses and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Baltimore. Md. Mt. Auburn Cem 5-23-51 Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 1/25, FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



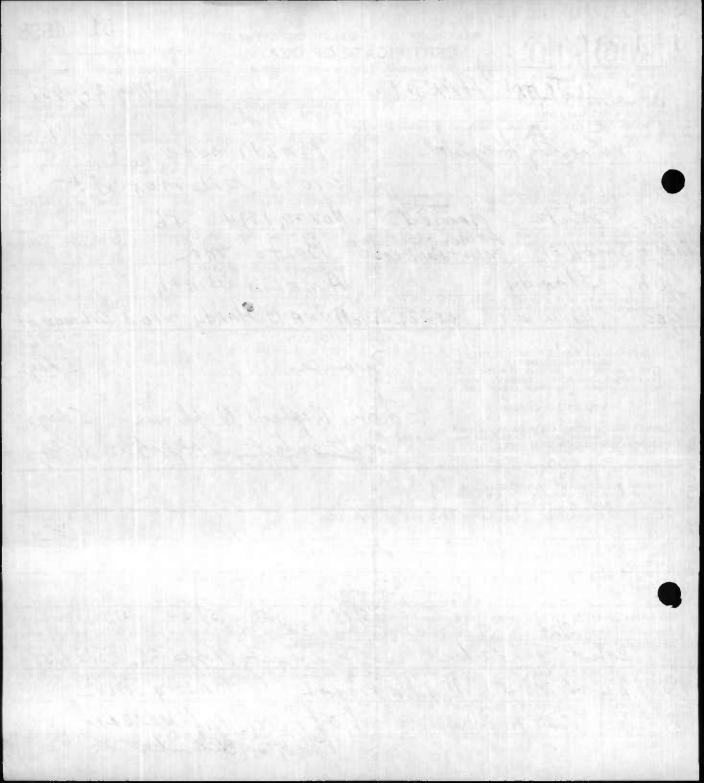
6	3 551 4696 BALTIMORE CITY 1	HEALTH DEPARTMENT	51	4696
ВІ	CERTIFICA	TE OF DEATH	Registered No	
	name of Deceased pe or Print)  HALVEY Edward	Gordon	2. DATE OF DEATH 5-2	3-5/
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Wh	ere deceased lived. If insti B. COUNTY	tution: residence before dmission)
HC	SPITAL OR (If not in hospital or institution, give street address location	\	utside corporate limits, wr	ite KURAL and give
IN	STITUTION 459 Roundview Rd.	BA/tim		township)
c	agth of stay in Baltimore b 6 Mps. New Day	VEG Par	aral, give location)	Ad.
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specif	8. DATE OF BIRTH	9. AGE (in years   H Under last birthday) Months	
10	MALE Meyro. MArried	Oct. 9, 1885	66 7	14
	VUSUAL OCCUPATION (Givekind of done during most of working life, even if retired)	RY RA / State or for	eign country) 12.	CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAM	ME ME	(, ),
	Charles Henry Gordon Sr.	IdA Wi	MAMS	
15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES?  BO OF Unbaown)  (If yos, give war or dates of service)  2 3-20-6905	17. INFORMANT Albert A	Tordon .S	Ame.
	18. 420.0 , CAUSE	OF DEATH	/	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	cuto hoph	, r, tis	Iweek.
	injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES	4	1.0	
LION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  (B)	ur Scherolic Hear	T Misedal	7 years.
S	UNDERLYING CONDITION LAST.	1 - 10 0	1.	
TIFI	11 (6) Colonia	die welling	Quealion	
CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
EDICAL	21a. ACCIDENT, SUICIDE, 21b. PLACE OF INJURY (e.g.	in or   21c. WHERE DID (If	in Baltimore City, give	exact location)
	HOMICIDE (Specify) about home, farm, factory, street, office bldi			
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR		OCCUR?	
	m. WHILE AT NOT WHILE AT WORK AT WORK			
	22. I hereby certify that I attended the deceased from M	an 17, 1951, to MA	2 3 , 195/, th	at I last saw the
	deceased alive on may 23, 1957, and that death occ	23B. ADDRESS		ate stated above.
	Illy b. huck M.D.	1-27 swale an	e 5	-23 -51
7/2	R. REMOVAL (Specify) 5 97 57 184 Andrews		CATION (City, town, or claimore, M	ounty) (State)
	TE RECEIVED BY   REGISTRAR'S SIGNATURE	75. FUNERAL DIRECTOR	/ 1	DDECC
D/I	AV 25 1050	W/ Wattauces	1. Thusley	W. Biddle St
771	9709	9	610	93)



52 MED. EXAM. CASE	
BALTIMORE CITY HE CERTIFICATE CERTIFICATE	
1. NAME OF DECEASED CLARA LEE AR	MSTRONG 2. DAJE MAY24,1951
3. PLACE OF DEATH: A. Baltimore City, Maryland BRACY 5	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution eve street address or HOSPITAL OR INSTITUTION (IT NAME OF INSTITUTION (IT NAME OF INSTITUTION (IT NAME OF INSTITUTION INSTI	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
C. Length of stay in Baltimore Yrs.  Mos. Days	D. STREET ADDRESS (If rural, give location)
FEMALE White WIDOWED (Specify)	9. AGE (In years   1 Under 1 Year   11 Under 24 Hours   Months Days   Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  MAR VLAND  12. CITIZEN OF WHAT COUNTRY?
Charles HENKEL	14. MOTHER SMALEN NAME SWORD BIGGISON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT APPLIES MOSPITAL ADDRESS
18. £ 903.0   CAUSE C	DF DEATH INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Luonary embolus 5 Pus
ANTECEDENT CAUSES	Turd it lip 14days
DISEASES OR CONDITIONS, IF ANY, GIVING	20 at Rowe CERTIFICATION APPROVED BY
OTHER SIGNIFICANT CONDITIONS CON.	
H TRIBUTING TO THE DEATH, BUT NOT RELATED	William Office M.D.
TRIBUTING TO THE DEATH, BUT NOT RELATED  TO THE OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION - 1 19B. MAJOR FINDINGS OPERATION - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ABILE OR CONTRACT CASHING
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 2 19B. MAJOR FINDINGS OF OPERATION 2 19B. MAJOR FINDINGS OF OPERATION 2 19B. MAJOR FINDINGS OF OPERATION 2 19B. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bidg., etc.)	ATION  CHIEF OF ACT TEDICAL TYPES AND CONTROL TO THE PROPERTY OF ACT TEDICAL TYPES AND CONTROL TO THE PROPERTY OF ACT TEDICAL TYPES AND CONTROL TO THE PROPERTY OF ACT TEDICAL TYPES AND CONTROL TO THE PROPERTY OF ACT TEDICAL TYPES AND CONTROL TYPE
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 3 19B. MAJOR FINDINGS OF OPER.  21A. ACCIDENT WAS UNDER. LYINGTOR CONTRIBUTING about home, farm, factory, street, office bidg., etc.  TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRENTIAL ADDRESS OF DEATH	or 21c. WHERE DND (If in Baltimore City, give exact location) INJURY OCCUR?  D 21f. HOW DID INJURY OCCUR? Slipped and fell to
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 2 19B. MAJOR FINDINGS OF OPERATION 2 19B. MAJOR FINI	ATION  or 21c. WHERE DND (If in Baltimore City, give exact location)  INJURY OCCUR?  D 21f. How DID INJURY OCCUR? Slipped and fell to floor
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TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 3 19B. MAJOR FINDINGS OF OPERATION 2 19B. MAJOR FINDINGS OF OPERATION 3 19B. MAJOR FINDINGS OF OPERATION 2 19B. MAJOR FINDINGS OF OPERATION 2 19B. MAJOR FINDINGS OF OPERATION 19B. MAJOR FINDING	ATION  OR 20. AUTOPSY?  YES NO OR 21c. WHERE DND (If in Baltimore City, give exact location)  INJURY OCCUR?  OR 21F. HOW DID INJURY OCCUR? Slipped and fell to floor  10 1951, to 5 - 24 - , 1951, that I last saw the red at 2 5 mm., from the causes and on the date stated above.  38. ADDRESS 1081111 1081111
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 2 19B. MAJOR FINDINGS OF OPERATION ADDRESS OF OPERATION (e. g., in about home, farm, factory, street, office bidg., of CAUSE OF DEATH  TIME (Month) (Day) (Year) (Hour) 2 1E. INJURY OCCURRENT NOT WHILE AT WORK AT W	ATION  OR 20. AUTOPSY?  YES NO OR 21c. WHERE DND (If in Baltimore City, give exact location)  INJURY OCCUR?  OR 21F. HOW DID INJURY OCCUR? Slipped and fell to floor  10 1951, to 5 - 24 - , 1951, that I last saw the red at 2 5 mm., from the causes and on the date stated above.  38. ADDRESS 1081111 1081111
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5	1 4698 BA		ALTH DEPARTMENT	Registered No.	1 4698
В	IRTH NO.	CERTIFICATI	E OF DEATH	registered No.	
	NAME OF DECEASED TO HOLE	LARDY		OF DEATH May	24 1957
A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W		titution: residence before admission)
H	FULL NAME OF (If not in hospital or institu	ition, give street address or location)	c. CITA DR TOWN (If	outside corporate limits	A STATE OF THE STA
2	ISTITUTION Misersity Hosp	ital	19ALTIM	ore 19	vrite RULAL and give township)
c.	ngth of stay in Baltimore	Yrs. Mos. Days	210 S. SI	L mor x	1-
5.	1 1 1 WIDO	E. MARRIED WED, DIVORGED (Specify)	NOV VO. 1894	9. AGE (In years if Und last birthday) Month	er I Year If Under 24 Hours as Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of door during most of working life, even if retired)	OF BUSINESS OR ANDUSTRY	11. BIRTHPLACE (State or fo	reign country)   12	CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	+ PACKERS	14. MOTHER'S MAIDEN NA	MF	
	John Handy		AMELIA U	irth	
	WAS DECEASED EVER IN U. S. ARMED FORCES?  o oo or unknowo)  (If yes, give war pr dates of service)	16. SOCIAL SECURITY NO. 052-01-4270	ANNA B. HAR	dy 2108.2	PLMOR ST
	18. A 9 2 Y	CAUSE	OF DEATH	1	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	)			CA DEATH
	(This does not mean the mode of dying, e, heart failure, asthenia, etc. It means the dises injury or complication which caused deal	ise.	ema		5 days
i	ANTECEDENT CAUSES	1	M/ 1 1/1		
NO O		(B) Jone	Ullephron N.	ephrosis	5 days
F	DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING T UNDERLYING CONDITION LAST.		A 2 /2.1.	161.4.4	11.1.
ICA		(C)	u supersons	14 Jun 1115	11 degs
F	OTHER SIGNIFICANT CONDITIONS OF				
ER	OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	rED			
U		R FINDINGS OF OPER	ATION		20. AUTOPSY?
DICAL	.7				YES NO
Ш		ACE OF INJURY (e. g., ic , farm, factory, atreet, office bldg., e		in Baltimore City, give	exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
i	m.	WHILE AT NOT WHILE			
1	22. I hereby certify that I attended the		19 1957, to		hat I last saw the
	deceased alive on 5/24, 1957	and that death occur		c causes and on the	
ı,	Robert V. Var	her M.D.	Mirrosita /+	ospital :	SIZ 4/57
24 TIC	MAL BURIAL CREMA- 248 DATE	24C NAME OF CEMETER	RY OR CREMATORY 24D. 10	CATION City, town, or	county) (State)
D	ATE RECEIVED BY REGISTRAR'S SIGNAT	URE I	25. FUNERAL DIRECTOR	10/ a A	DDRESS
M	AV 251951 Kuntu ater Will		1097 CVB.1	nWalter	2
10	VS 150	1 4 4 5	19 11 100	1 2/Day	X
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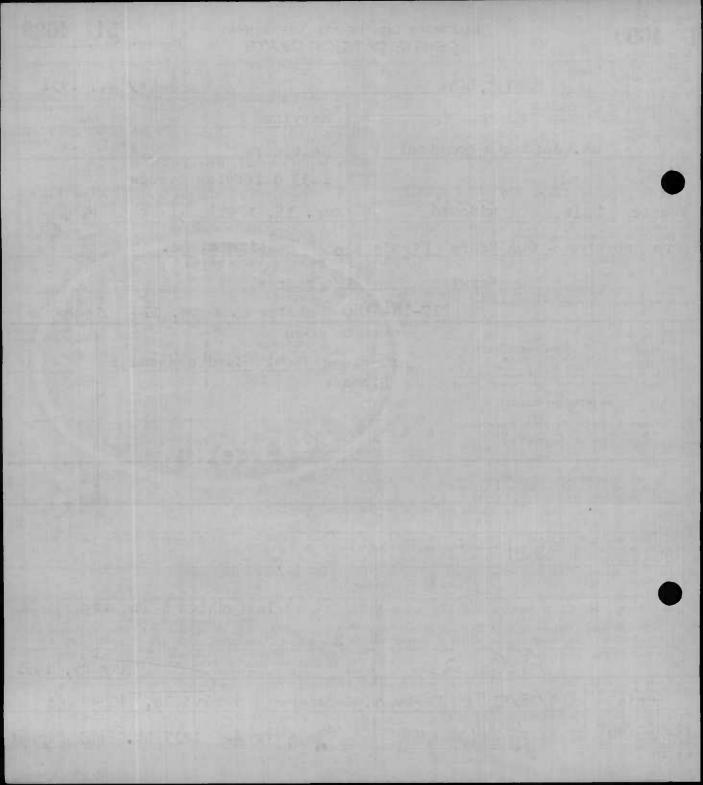


### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4699

1. NAME OF DECEASED 2. DATE (Type or Print) MARY S. DOVE DEATH May 24. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write ILURAL and give INSTITUTION township) St. Joseph's Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1633 Cliffview Avenue igth of stay in Baltimore Days 9. AGE (In years If Under 1 Year Hours 24 Hours Min. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 6. COLOR OR RACE 8. DATE OF BIRTH Aug. 15, 1896 Female White 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore, Md. tore Operator - Owl (High's 13. FATHER'S NAME ream 14. MOTHER'S MAIDEN NAME Morwitz Frances 16. SOCIAL 217-18-5180 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) ADDRESS (Yes, no or unknown) Webster C. Dove, 1109 Gleneagle CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ... Arteriosclerosis Cardiovascular LEADING TO DEATH (This does not mean the mode of dying, c. g., heart failure, asthenia, etc. It means the disease. DUE TO Disease injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 2 Ic. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIBUTING | CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? E INJURY AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry con and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident □, suicide □, homicide □, undetermined □. 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER ... X 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER ... MEDICAL INVESTIGATOR 24A. BURIAL. CREMA 24C, NAME OF CEMETERY OR CREMATORY | 24D, LOCATION (City, town, or county) 24B. DATE TION, REMOVAL (Specify) burial Parkwood Cemetery Parkville. DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE

VS 151



51 4700 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. I. NAME OF DECEASED 2. DATE (Type or Print) Baby Boy McCauley DEATH 5-22-51 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR Baltimore City Hospitals (cation) C. CITY OR TOWN (If outside corpoyate limits, write HURAL and give INSTITUTION (ownship) 4940 Eastern Avenue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Life 715 W. Favette Street Days 6. COLOR OR RACE 5. SFX 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years if Under I Year if Under 24 Hours last birthday) Months: Days Hours: Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) Male Single Negro May 21.1951 10 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Verne Wright Floree Thomas 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT Baltimore City Hospitals SECURITY NO. 4940 Eastern Avenue 18. INTERVAL BETWEEN 60,0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Subarachnoid Hemorrhage Life (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Life (a) Torn straight sinus with subdural DISEASES OR CONDITIONS, IF ANY, GIVING Hemorrhage RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? , 19 51 to 5-22 5-21 1951, that I last saw the 22. I hereby certify that I attended the deceased from\_ deceased alive on 5-22 , 1951, and that death occurred at 8:40pm., from the causes and on the date stated above. 23A. SIGNATURE 238 ADDRESS 23c. DATE SIGNED 4940 Eastern Avenue 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) B.C.H. Crematory 4940 Eastern Avenue Cremation

25. FUNERAL DIRECTOR

VS 150

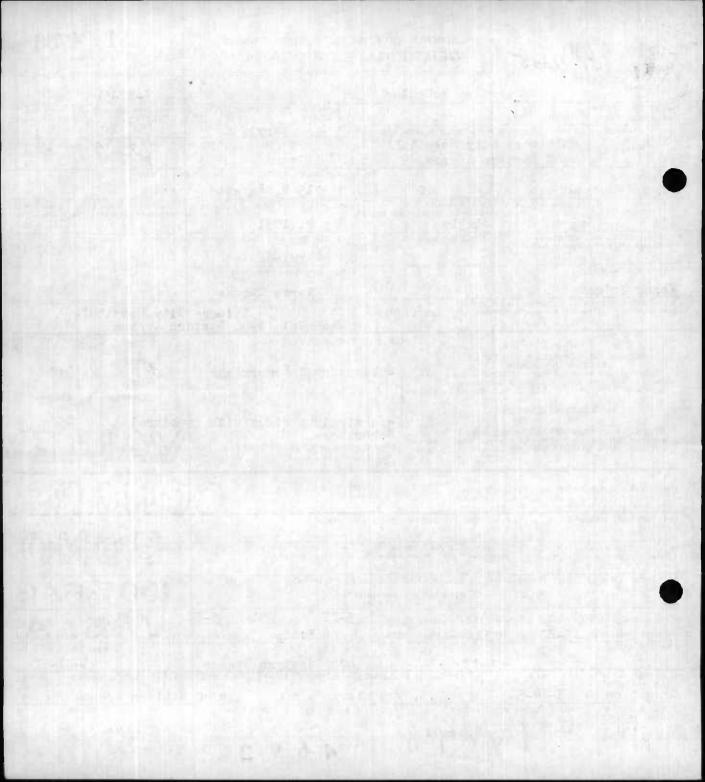
REGISTRAR'S SIGNATURE

DATE RECEIVED BY

LOCAL REGISTRAR

160a

ADDRESS

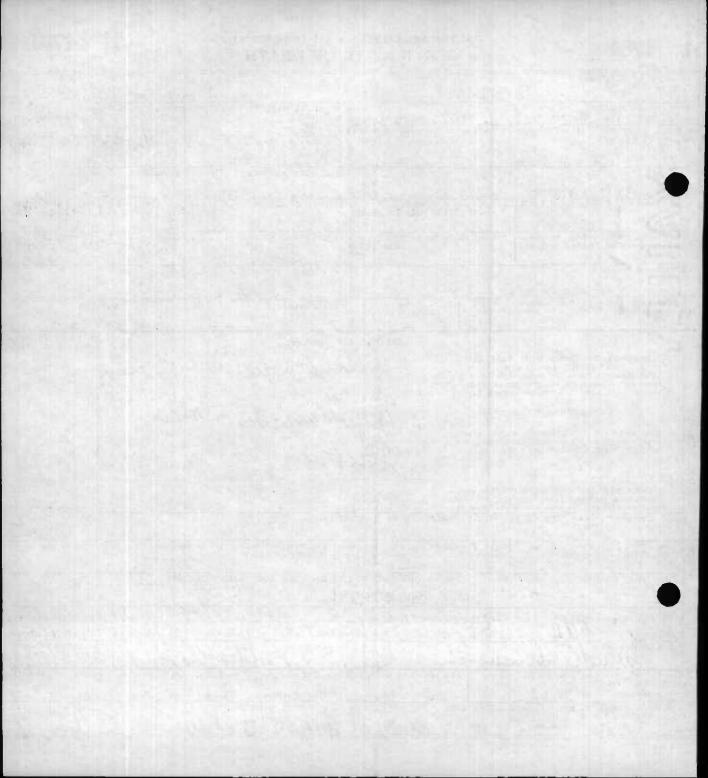


1360 51 4701

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

gistered No. 4701

1. NAME OF DECEASED 2. DATE (Type or Print) Anna Ader DEATH May 24th, 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, if institution residence A. Baltimore City, Maryland 135 N. Wolfe Street A. STATE B. COUNTY bef re admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) At Home Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. ngth of stay in Baltimore Tife 135 N. Wolfe Street Days 9. AGE (In years | If Under I Year | If Under 24 Hours | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Married White May 23, 1889 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Schatzschnider Margaret ? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) [ (If yes, give war or dates of service) SECURITY NO. Frank Ader Wolfe Street INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 EDICAL 21a. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT WORK 1951, that I last saw the 22. I hereby certificated I attended the deceased from 2 and that death occurred at 3.10 P.m., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c, DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY Stanislaus Cemetery Baltimore. DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR



33	V
1 4	702
BIRTH	NO.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4702

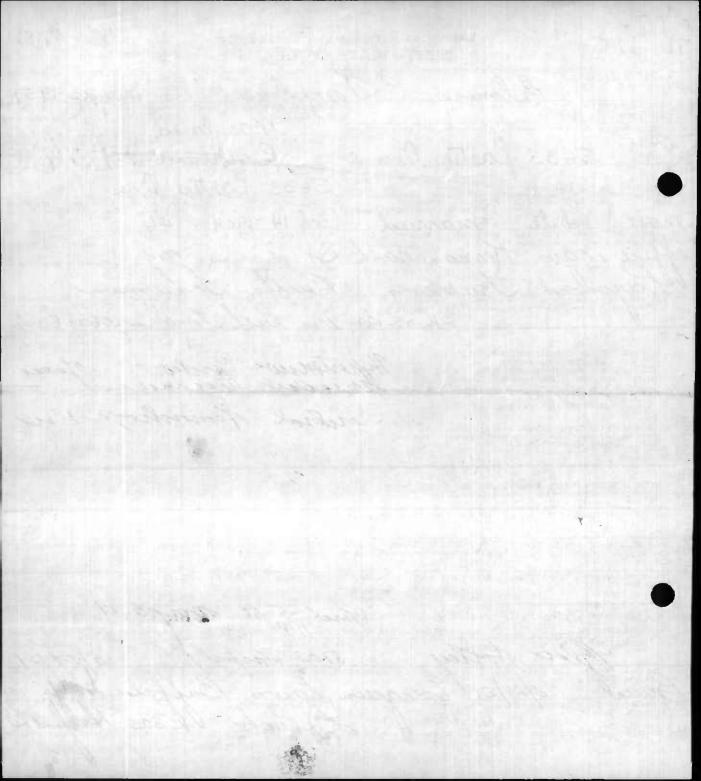
BIRTH	NO.			CERTIFICAT	E OF DEATH	Registere	d No	1700
1. NAMI (Type or	E OF D Print)	ECEASED ANTHO	NVF.	SATATIS		2. DATE. OF DEATH	5/24/5	7
	more C	EATH: City, Maryland			4. USUAL RESIDENCE A. STATE		. If institution	
B. FULL HOSPITA	AL OR	ANIVERSITY		tion, give street address or location)	c. CITY OR TOWN (BALTIMO	If outside corporate lin	nits, write R	URAL and give township)
cong	th of st	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (1)	If rural, give location)  A PLATA		
5. SEX		6. COLOR OR RACE	7. SINGL WIDOV	E MARRIED (Specify)	8. DATE OF BIRTH  Jan. 21, 1900	9. AGE (In years last birthday)	If Under 1 Year	M Under 24 Hours Hours Min.
10A. USI	riog most o	CUPATION (Give kind of f working life, even if retired)	108. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	WHA	IZEN OF AT COUNTRY?
13. FATE			0000	[m	14. MOTHER'S MAIDEN	NAME	a	ISA
	Joh	n Satatis			Agnes ?			
1 88, 00 or 1	DECEASE uokoowo)	D EVER IN U. S. ARMEI (If yee, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Margaret	t H. Satatis	ADDRESS	Ave. La Plata
DI DI RII	SEASES SE TO THOUSERLY THER SI	not mean the mode of re, asthenia, etc. It mea complication which complication which complication which complication which complication which complication with the above cause (A) ING CONDITION LAURING CONDITION LAURING CONDITION LAURING CONDITION CONDITIO	ns the diseas aused death SES F ANY, GIVIN STATING TH ST.	(B) ACU  (B) PUL  (C) PUL  (C)	NIC GLOME TE GLOMER MONARY E	CULONEPH		
194.	DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. YES	AUTOPSY?
LYIN		ENT WAS UNDER. CONTRIBUTING	21B. PLA	ACE OF INJURY (e. g., infarm, factory, street, office bldg., e	or 21c. WHERE DID to.) INJURY OCCUR?	(If in Baltimore City		
	TIME (	Month) (Day) (Year)		21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	RY OCCUR?		
22. I	hereby ased ali	certify that I att	ended the	deceased from 5	rcd at 3/2 m., from	the causes and on	SZ, that I the date s	last saw the
23A	SIGNAT	u 7. 5	Traha	2	38. ADDRESS			ATE SIGNED
BUTT BUTT DATE RE LOCAL I	OVAL (SI	5/26 BY REGISTRAR	51 SIGNATU	Holy Redeem		Ato. Md.	ADDRES	
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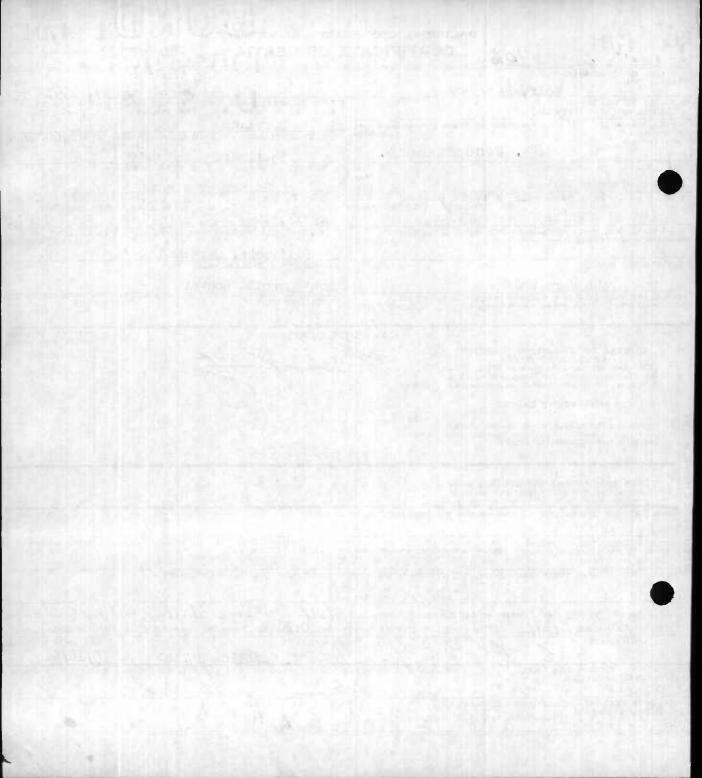
5	1 4703	BALTIMORE CITY HE. CERTIFICATE		Registered N	1 4703
1. (7	NAME OF DECEASED (Sype or Print)  PLACE OF DEATH: Baltimore City, Maryland	rore R. Ta	Implins 4. Upual residence (W	2. DATE. OF DEATH MO	y23-1951
В.		nstitution, give street address or location)	c. CITY OR TOWN	more L	before admission) write RURAL and give township)
5	ngth of stay in Baltimore SEX 6.COLOR OR RACE 7.S	Yrs. Mos. Days  INGLE. MARRIED.  IDOWED, DIVORCED (Specify)	5633 Con	rural, give location)  19. AGE (In years)	Under I Year   If Under 24 Hours nths: Days   Hours: Min.
10 wor	DA. USUAL OCCUPATION (Give kind of the distribution of the dindividution of the distribution of the distribution of the distri	married	11. BIRTHPLACE State or to	oreign country)	12. CITIZEN OF WHAT COUNTRY
U IS	S. WAD DECEASED EVER IN U. S. ARMED FORCE, a, no or cally wa) (If yes, give war or dates of sor	CESY 16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NI Dertha 17. INFORMANTS	chuma	DDRESS A
	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	og, e.g., (A) Hyll disease,	Mrswe Co	reles	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.	GIVING (B)	about The	musloz	e Bu
CERTIF	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAUS	RELATED BING IT			
AL	19A. DATE OF OPERATION 19B. M.	AJOR FINDINGS OF OPERA	TION		20. AUTOPSY?
MEDICAL	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about	B. PLACE OF INJURY (e. g., in a bome, farm, factory, street, office bldg., etc.	INJURY OCCUR?	f in Baltimore City, g	
~	21D. TIME (Month) (Day) (Year) (Hour	m. WHILE AT NOT WHILE MORK AT WORK	21F. HOW DID INJURY	OCCUR?	,
П	22. I hereby certify that I attended deceased alive on 19		18 1957, to =		, that I last saw the
1	23A. SIGNATURE	Eley M.D. 23	5103 Hacker	1 Rd	e date stated above.  23c. PATE SIGNED  5/27/5/
TIC	DALLA CREMA 248. DATE STANDS	2 C. NAME OF CEMETER	Y OR CREMATORY 240. LO	Bulfalo	or sounty) (State)

DATE RECEIVED BY LOCAL REGISTRAR MAY 251951

REGISTRAR & SIGNATURE

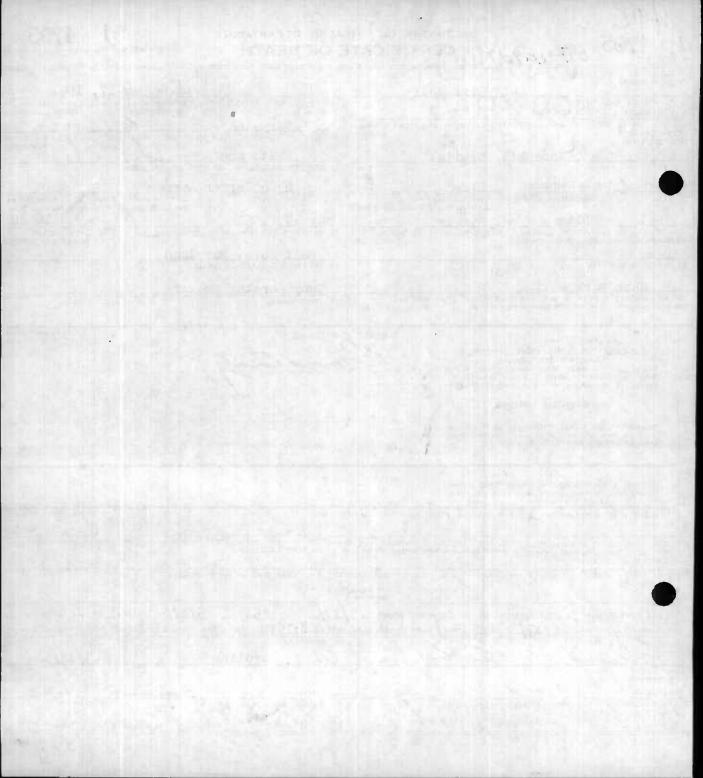


B	410 147 18TH NO.	04		TIMORE CITY HI	EALTH DEPARTMENT E OF DEATH	Registered 1	51 4704
	NAME OF Daype or Print)		D- 1 D-			2. DATE. OF	
	PLACE OF E	Wolf, DEATH: City, Maryland	Ba by Bo	У	4. USUAL RESIDENCE ()	DEATH May Where deceased lived. If	institution : residence
В.	FULL NAME OSPITAL OR NSTITUTION	OF (If not in hospit		ion, give street address or location)		B. COUNTY	before admission
4		St.	Josep	hs Hosp.	Baltimore	16	township
c	egth of s	stav in Baltimore		Yrs. Mos.	D. STREET ADDRESS (If		
5.	. SEX	6. COLOR OR RACE	7. SINGLE	Days E. MARRIED.	1321 Berg	9. AGE (in years)	II Under 1 Year   It Under 24 Hours
	Male	White		/ED, DIVORCED (Specify) ngle	May 17, 1951	last birthday) Mo	onths Days Hours Min.
1 C	DA. USUAL OC k done during most	CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
	3. FATHER'S				Baltimore, M. 14. MOTHER'S MAIDEN N	arvland	WHAT COUNTRY
		John Mark Wol	f		Ruby Dorothy Ho	over	
15 (Ye	5. WAS DECEAS m, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
RTIFICATION	DISEASE RISE TO 1 UNDERL'	s not mean the mode of the asthenia, etc. It mean complication which complication which complication which complication which complication which complication with the above cause (A) ying condition the above cause (A) ying condition the complication with the condition of the complete with the comple	ns the diseas aused death GES F ANY, GIVIN STATING THEST.	(B)	Cyclina		
CE	TO THE D	TO THE DEATH, BUT	CAUSING 1	т			
CAL	ISA. DATE C	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		YES NO X
EDIC	21A. ACCIE LYING O CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, f	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	n or 21c. WHERE DID (1) total INJURY OCCUR?	If in Baltimore City,	
2	21d. TIME CHINJURY	(Month) (Day) (Year)		NHILE AT NOT WHILE WORK	ED 21F. HOW DID INJURY	Y OCCUR?	
	22. I hereb deceased a 23A. SIGNA 4A. BURIAL, ON, REMOVAL (S	TURE  CREMA- 24B. DATE	1951	and that death occur	5/17/ ,1951/to red atl0:20AMn., from t 3B. ADDRESS 11:00 N. Caroline RY OR CREMATORY 24D. L	he causes and on ti	23c. DATE SIGNED 5/18/51
-	Suna ATEMPECEIVE	\$ 5/28/8	11 may 17/	Holy Coa	25. FUNERAL DIRECTOR	5. mal.	ADDRESS
-10	VS 150			7548	a some of the	ell 312	159



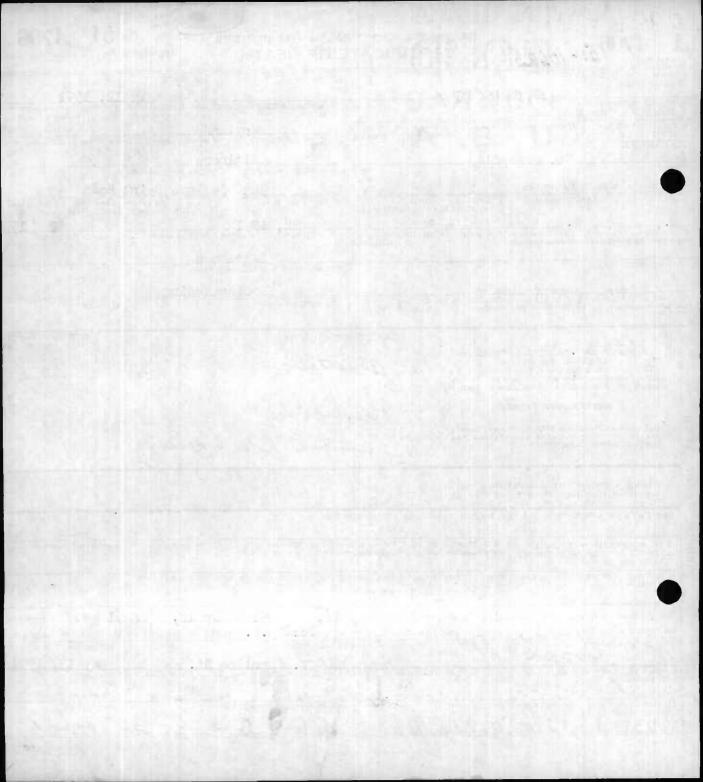
)1 BI	470 470	5 51-1091		TIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	Registered No.	4705
1. (T	NAME OF D	ECEASED	by Girl	Wolf		2. DATE OF DEATH May 1'	7 1951
	PLACE OF D Baltimore	EATH: City, Maryland	OY CITY	- NOLI	4. USUAL RESIDENCE (\) A. STATE		
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institut	ion, give street address or location)		f outside corporate limits.	
4	1	St. Joseph <sup>1</sup>	s Hospi		Baltimore	26-	township
	hoth of s	tay in Baltimore	Kife	Yrs. Mos.	D. STREET ADDRESS (If		
5.	SEX	6. COLOR OR RACE	7. SINGLE	Days  E. MARRIED,  ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years) II U	nder 1 Year   II Under 24 Hours ths: Days   Hours   Min.
-	Fe.	White	Sine	le	May 17, 1951		10 20
		CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	2. CITIZEN OF WHAT COUNTRY
13	None FATHER'S	NAME			Baltimore, Ma	ryland	
	John	Mark Wolf			Ruby Dorothy H		
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
_	18. 79	4					INTERVAL BETWEEN
ERTIFICATION	(This does heart failu injury or DISEASE:	E ÉR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) //ING CONDITION LA	FH dying, e. g ns the diseas aused death EES FANY. GIVIN STATING TH	e, .) DUE TO (B)	Cenatuity		ONSET AND DEATH
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D			
	19A. DATE C	OF OPERATION 1	9в. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
IEDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER. R CONTRIBUTING DEATH		ACE OF INJURY (e. g., is arm, factory, street, office bldg.,		If in Baltimore City, given	ve exact location)
Σ	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
			m.	WHILE AT NOT WHILE			
		y certify that I att				5/17/ , 1951,	
	deceased a		. 19_51-		rred at 8:15 PMn., from t	he causes and on the	23c. DATE SIGNED
	1/4	ank W.	De	elief fr. M.D.	1400 N. Caroline		5/18/51
7	ATE RECEIVE	D BY REGISTRAR	-	Lac NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town, o	ADDRESS (State)
	MAY 251	351 hutte	1411 MAN	HELLIAM, MINE	Coleman / 1	1xel 5215	- Hack All

VS 150



	000			Lei	thy			F-1	4,000
)_	1 4706	1 - 10/92	BAI	TIMORE CITY HE			Registere		4706
-	NAME OF DECEA	10620					A		
	Type or Print)	D	alm- Day				2. DATE OF	30 30	-13
	PLACE OF DEATH		auy boy		4. USUAL RESID	ENCE (Wh	DEATH May		n: residence
	Baltimore City,		al an imphisus	ion, give street address or	A. STATE		B. COUNTY		efore admission)
H	OSPITAL OR	(11 not in nospit	ai or mistitut	location)	c. CITY OR TOWN	ryland (Ifo	utside corporate li	mits, write F	RURAL and give
100	STUTION	St. Jose	nhie		Ro	altimor			township)
	-		1	Yrs.	D. STREET ADDR				
d	hgth of stay i	n Baltimore	1	Mos. Days	31.	tho Sel	lers Poin	t Road	5300
5.	SEX 6.CC	DLOR OR RACE	7. SINGLI	E. MARRIED. /ED. DIVORCED (Specify)	8. DATE OF BIRT		9. AGE (In years	If Under I Year	ys Hours: Min.
	M.	W.	Sin	ngle	May 12, 19				2 15
1C	DA. USUAL OCCUPA k done during most of worki	TION (Give kind of ng life, even if retired)	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE	State or for	eign country)		IZEN OF
					Ba	altimor	'e		,,, ooo,,,,,,,
13	3. FATHER'S NAME				14. MOTHER'S MA	AIDEN NAM	ME		
	Edward	Lawrence I	eahy		Lo	ouise M	eding		
Ye	MAS DECEASED EVE	R IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
CATION	heart failure, ast injury or comp  ANTE  DISEASES OR RISE TO THE AB	mean the mode of henia, etc. It mea lication which concerns the condition of the conditions, if the condition is condition to the condition to the condition that the condition the condition that the	ns the diseas aused death ES FANY, GIVIN STATING TH	e, (A) DUE TO	naturally for	ber 9	dolinez		
CERTIF	TRIBUTING TO T	11 FICANT CONDI THE DEATH, BUT E OR CONDITION	NOT RELATE	D					
ر	19A. DATE OF OP	ERATION 1	98. MAJOR	FINDINGS OF OPER	ATION			20	AUTOPSY?
CA	21. ACCIDENT	WAS UNDER	218 PL	CE OF INJURY (e. g., in	or   21c. WHERE	DID (If	in Baltimore Cit	YE:	- 4
MEDI	LYING OR CON CAUSE OF DEAT	NTRIBUTING		arm, factory, street, office bldg., e			in Datimore Cit	y, give exac	t location)
	21D. TIME (Mont)	n) (Day) (Year)		21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	21F, HOW DIE	YAULUI C	OCCUR?		
	22. I herehu cer	tifu that I att		deceased from May	7.2 105	l, to May	7 72 10	57 that i	I last saw the
	deceased alive o			and that death occur	red at 10:25 pm	M from the	causes and or	the date	stated ahove
	234. SIGNATURE		, 10,11		38. ADDRESS	4970770	Carrott and th		DATE SIGNED
	1.4.	abba	*	м. D.	1400 M. Car	oline S	St.	May	13. 1951
24 TI	4A. BURIAL, CREMA ON REMOVAL (Specify	248. DATE		24C. NAME OF CEMETER	RY DR CREMATORY	24D. LO	CATION (City, to	wn, or count	y) (State)
1	Junial	5/28/5	/	/ Koly /Keh	Elmer	120	limure	man	
L	ATE RECEIVED BY OCAL REGISTRAR	REGISTRAR'S	SIGNATU	RE CONTRACTOR	25. FUNERAL DIR	RECTOR	2.11	ADDRÉ	I I pel
H	VS 150	Think Add.	CATALY!	Charle Har D	1 es garag	1 To	50	7	The del
	V3 130	A THE		production -				1 1	- 9

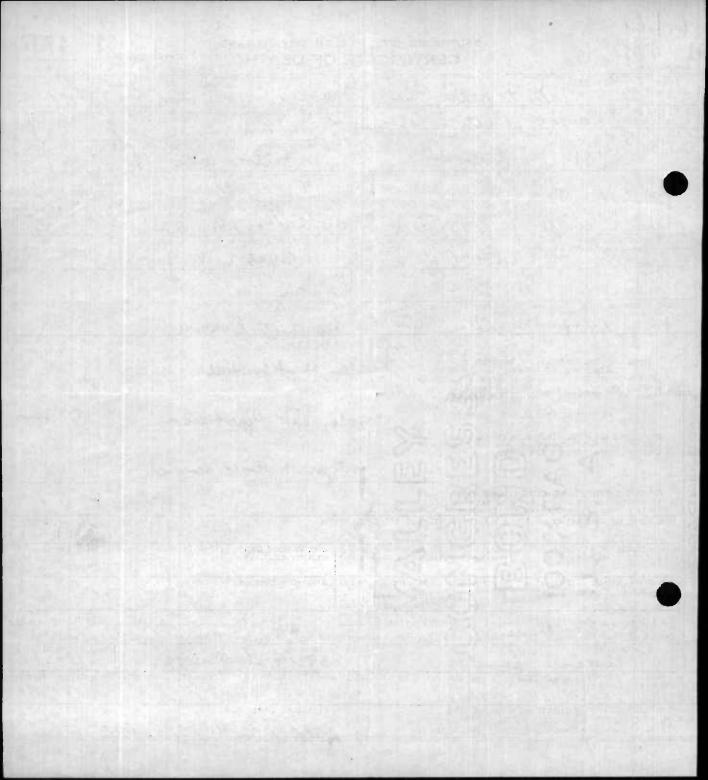
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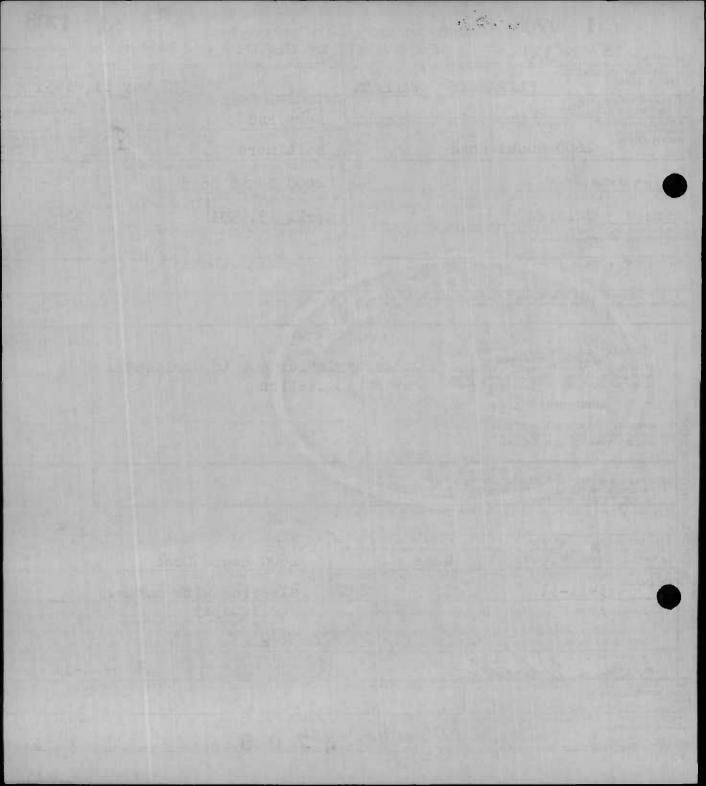


6	10
1.	4707

	51	4707
egistered	No	2/01

1 4707 BIRTH NO.		E OF DEATH	Registered I	51 4707
I. NAME OF DECEASED (Type or Print) Mitche	el John 1	Doroba	2. DATE OF 5	125/51
3. PLACE OF DEATH: A. Baltimore City, Maryland Bal		4. USUAL RESIDENCE (Who	DEATH ere deceased lived if	institution: residence before admission
HOSPITAL OR INSTITUTION 801 Jeffery	location)		itside corporate limit	write RURAL and give township
c. Ongth of stay in Baltimore Life	Yrs. Mos. Days		ral, give location)	
5. SEX   6. COLOR OF RACE   7. SING	CLE, MARRIED, DWED, DIVORCED (Specify			Under I fear H Under 24 Heurs onths Days Hours Min.
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Louis Dorol	ra	14. MOTHER'S MAIDEN NAM	/IE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES: (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Leona M. Don	0	DDRESS
DISEASE OR CONDITION DIRECTI LEADING TO DEATH (This does not mean the mode of dying,	Y such	OF DEATH		INTERVAL BETWEEN ONSET ANO GEATH
heart failure, asthenia, etc. It means the dis- injury or complication which caused de- ANTECEDENT CAUSES	ease, ath.) OUE TO	elifnent Asperta	usions	5-6 Jean
DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE OUE TO	elipsent revel a	holde	
OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT REL.	CON -			
	OR FINDINGS OF OPER	RATION	20. AUTOPSY?	
	PLACE OF INJURY (e. g., ne, farm, factory, street, office bldg.,		in Baltimore City,	give exact location)
NJURY (Month) (Day) (Year) (Hour)	WHILE AT NOT WHILE WORK AT WORK		OCCUR?	
22. I hereby certify that I attended the deceased alive on 25 Heary 195	he dcecased from	rred at 2 17 m., from the	, 19, 19	_, that I last saw th he date stated above
23A, SIGNATURE	36 M.O.	3904 S. He		5. 25-37
24a. BURIAL, CREMO- TION, REMOVAL (Specify)	Balton Hot	ERY OR CREMATORY 24D. LOC	CATION (City, town	mol.
DATE RECEIVED BY REGISTRAR'S SIGNA	diagus, fr.	25. FUNERAL DIRECTOR	waki 200	ADDRESS CLY
VS 150	39090			133 B





# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4709

BIRTH NO.						
1. NAME OF DECEASED (Type or Print)	Jules Henri St	nuther	OF DEATH MAY -	24-1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (V		titution: residence before admission)		
	tal or institution, give street address or	Maryland	Baltimore	City		
INSTITUTION Home 1655	n. Milton avenue	Baltimore (	outside corporate limits, w	rite KUBAL and give township)		
	75 Yrs.	D. STREET ADDRESS (If	roral, give location			
5. SEX   6. COLOR OF RACE	Days	1655 M. Mille	on lornue			
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years     Und last birthday) Month	er i Year H Under 24 Hours B Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of	10B. KIND OF BUSINESS OR	Dec 20 - /854	96			
ork dooe during most of working life, even if retired)	INDUSTRY		oreign country) 12	. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME	Carpenter	14. MOTHERS MAIDEN N	de 14	. S. a.		
not Known	n	Note Known	T/			
15. WAS DECEASED EVER IN U. S. ARMED Yes, no or uoknown) (If yes, give war or dates	D FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS		
no no	Jacobin No.	Hiss anna M. Yas	they (daughter)	Balto, md.		
18. 450.0	CAUSE	OF DEATH	9	INTERVAL BETWEEN		
DISEASE OR CONDITION		,		ALL DEATH		
(This does not mean the mode o heart failure, asthenia, etc. It mea- injury or complication which c	of dying, e.g., (A)	nchopneumoru	a	day		
ANTECEDENT CAUS						
(B) Usterio selevores						
DISEASES OR CONDITIONS, IF	STATING THE DUE TO					
UNDERLYING CONDITION LA	(C)		***************************************			
OTHER SIGNIFICANT CONDI	TIONS CON-					
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION						
194. DATE OF OPERATION 0 1	98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?		
	218. PLACE OF INJURY (e.g., i	and also willede Did. (I	6 in Palvino City	YES NO		
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	about home, farm, factory, street, office bldg.,		f in Baltimore City, give	exact location)		
21D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F, HOW DID INJURY	OCCUR?			
	m. WHILE AT NOT WHILE					
22. I hereby certify that I att	ended the deceased from	2/7/46, 19 to	5/24/5/, 19, t	hat I last saw the		
deceased alive on 5/23/5/			he causes and on the	date stated above.		
23A. SIGNATURE		3B. ADDRESS		3C. DATE SIGNED		
May pa	M. D.	1501 4. Mil tou	ouve	3/24/51		
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)  May - 26	6-1951 Druid R	idge Ceme. 240. Le	ikesville ma	ruelandi		
DATE RECEIVED BY REGISTRAR'S	S SIGNATURE	28. FUNERAL DIRECTOR	AI	PRESS		
MAY 251951 Hanta	rator Milliams, Mer S	tewarf & Mowen	Co., 108 W. 1	orth an.		
VS 150	a c F G	4	1.7. #1	1 0 00		

College Section 13/14/2

1	163	BA	LTIMORE CITY HE	ALTH DEPARTMENT		EA ARAO	
1	47.10		CERTIFICATI		Registered	No.1 4/10	
1	NAME OF DECEASED Type or Print)	elvo Ella	Vo. Rober	to	2. DATE OF DEATH	122-5-1	
	. PLACE OF DEATH: . Baltimore City, Maryla	and Ba	es	4. USUAL RESIDENCE (	Where deceased lived, 1	f institution : residence before admission	
H	IOSPITAL OR		ntion, give street address or location)	c. CITY OR FOWN	outside corporate fina	t, write RURAL and giv.	
4	1050	a Jay	ette st	Bolly V	4	0 township	
6	ngth of stay in Balti		Yrs. Mos. Days	1050 W.	rural, give location		
	SEX 6. COLOR OF	widó	LE, MARRIED, WED, DIVORCED (Specify)	1//26/4881	9. AGE (In years last birthday) M	If Under 1 Year on the Days Hours Min.	
10 WOI	OA. USUAL OCCUPATION (Grand done during most of working life, ever	Give kind of 108. KIN n if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY	
1:	John C.	Board	len	14. MOTHER'S MAIDEN N	AME LP 101000	ı	
(Y	5. WAS DECEASED EVER IN U. cs. no or unknown) (If yes. give v	S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	to 12 00	ADDRESS Dayth (1)	
ERTIFICATION	DISEASE OR CONE LEADING T (This does not mean the heart failure, asthenia, et injury or complication  ANTECEDEN  DISEASES OR CONDIT RISE TO THE ABDVE CAL UNDERLYING CONDIT	O DEATH e mode of dying, e. tc. It means the dises which caused dea IT CAUSES TIONS, IF ANY, GIV USE (A) STATING TION LAST.	g., (A)	bral aby + Paraly	llixy is 1	INTERVAL BETWEEN DNSET AND DEATH	
CERTI	OTHER SIGNIFICANT TRIBUTING TO THE DEAT TO THE DISEASE OR CO	CONDITIONS CO	rED				
SAL	19A. DATE OF OPERATIO	N 0   19B. MAJO	R FINDINGS OF OPER	ATION		YES ND	
MEDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give INJURY OCCUR?						
Y	21D. TIME (Month) (Day	y) (Year) (Hour) m.	21E. INJURY OCCURRENT WHILE AT WORK AT WORK	2 IF. HOW DID INJUR	Y OCCUR?		
	22. I hereby certify the deceased alive on 5-23a. SIGNATURE		e deceased from 5-/, and that death occur	red at 19 m., from to 3B. ADDRESS	/	, that I last saw the he date stated above 23C. DATE SIGNED	

mt aulurn

24C. NAME OF CEMETERY DE CREMATORY 24D. LOCATION (City, town, or county)

25. FUNERAL DIRECTOR

DATE RECEIVED BY LOCAL REGISTRAR IAY 251951

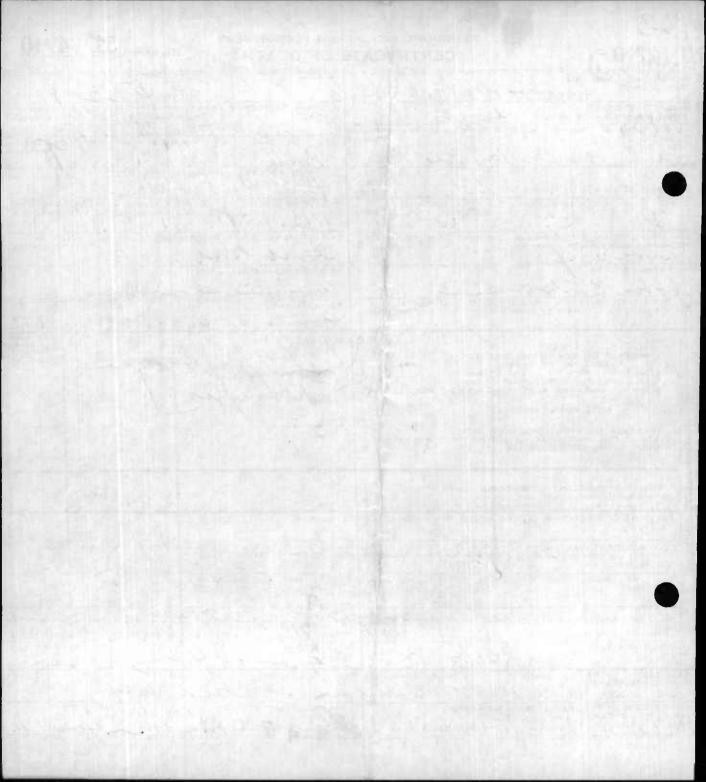
24A. BURIAL, CREMA-TION, REMOVAL (Specify)

5727/5/

REGISTRAR'S SIGNATURE

83a

ADDRESS



2.53 4711 BIRTH NO.

VS 150

# CERTIFICATE CORRECTED 8-8-51

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

egistered No. 1 4711

83a

В	IRTH NO.			CEF	RTIFICAT	E OF DEATH	Regist	tered No.		'X. /	11.1
1.	NAME OF Drype or Print)	DECEASED RO.	se i	4.	Wieg	and	2. DATE OF DEATH	5	2:	5	1951
A.		City, Maryland			0	4. USUAL RESIDENCE		ived. If insti	tution	n ; resi	dencc dmission)
H	FULL NAME OSPITAL OR STITUTION	Bon Sec		11	e street address on	C. CITY OR TOWN	(If outside corpo a	ite linits, wr	ite R		and give ownship)
С		stay in Baltimore	Life		Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give local	tion)			
	Fem.	6. COLOR OB RACE	WIDOW	MAR VED DI	VORCED (Specify)	B. DATE OF BIRTH		ears if Under lay) Months			der 24 Hours rs Min.
wor	Thouse	CCUPATION (Give kind of of working life, even if retired)	at A	Jon Son	USINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12.		ZENC	OF UNTRY?
	Peter's	or Wies	rand			14. MOTHER'S MAIDEN	NAME Sea	wal	1		
15 (Ye	5. WAS DECEAS	(If yes, give war or date	D FORCES?		OCIAL ECURITY NO.	17. INFORMANT Mr. Edward Ree	s, 110 E.	ADDR		St.	
FICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING					rial he	pert	age	ONSE	T AND	BETWEEN D DEATH
CERTIF	TRIBUTING	II  SIGNIFICANT CONDI  G TO THE DEATH, BUT  DISEASE OR CONDITION	NOT RELATE	D							
AL	19A. DATE C	OF OPERATION 1	9B. MAJOR	FIND	INGS OF OPER	ATION			20. YES	AUTO	NO X
<b>IEDICA</b>	21A. ACCIE LYING O CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, fa	CE OF arm, facto	INJURY (e. g., i ory,street, office bldg.,	or 21c. WHERE DID (tc.) INJURY OCCUR?	(If in Baltimore	City, give			
2	21D. TIME NJURY	(Month) (Day) (Year)	, ,	21E, IN	JURY OCCURR  NOT WHILE AT WORK	ED 21F. HOW DID INJU	IRY OCCUR?				
	22. I hereb deceased a 23A. SIGNA	ny certify that I att live on 5-24 TURE	ended the , 19 <b>5</b> /	deceas	at death occur	red at 2 m., from	the eauses and	d on the d	ate s	stated	
TIC	AA. BURIAL.  ON, REMOVAL (S  S  ATE RECEIVE  DCAL REGIST  AV 0 519	D BY   REGISTRAR	16/15:	2/0	by Red	RY OR CREMATORY 240.	Below	v, town, or co	Qunty PRES	25	State)

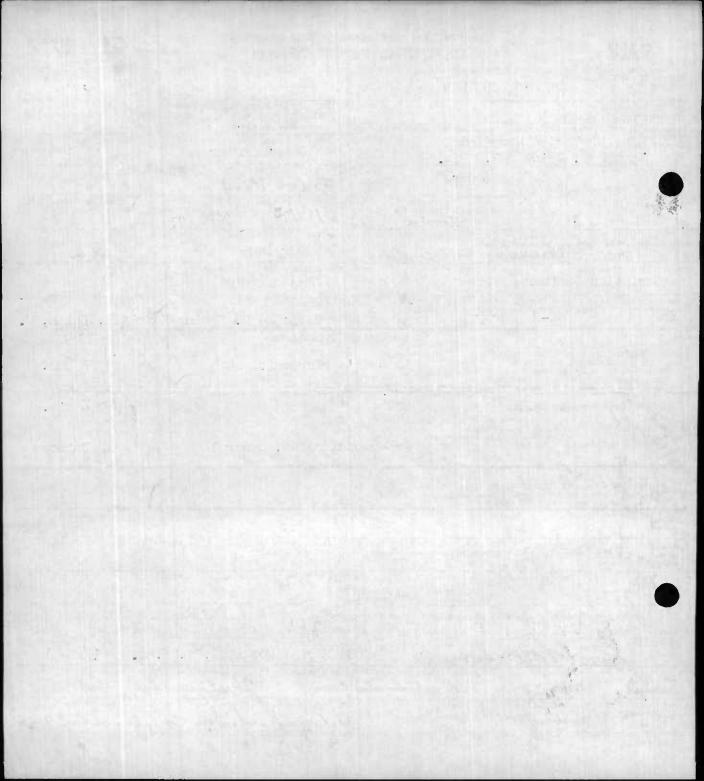
5A-4/31

## 5 3 6 51 4712

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.1 4712

BIRTH NO.			CLIVIII ICATI	E OF BEATT	1			
NAME OF C Type or Print)		GE GUNT	HER		2. DATE OF DEATH	fay 25,	1951	
	City, Maryland	al or instituti	on, give street address or	4. USUAL RESIDENCE (W A. STATE Maryland		befo	: residence ore admission)	
HOSPITAL OR NSTITUTION Wyn	US Marine l man Pk. Drive	-		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township				
	tay in Baltimore	6 d	Days	o. STREET ADDRESS (If rural, give location)  Ridge Road				
6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)  M W Married				12/12/79	9. AGE (In years last birthday) M	if Under I Year Ionths Days	Hours Min.	
ork done during most	CUPATION (Give kind of of working life, even if retired) Retired Shoem		of Business or INDUSTRY	Maryland 11. BIRTHPLACE (State or foreign country) 12. CITIZE WHAT 2 5.			T COUNTRY	
3. FATHER'S I	stian Gunther			14. MOTHER'S MAIDEN NA Anna Giggard				
(es, no or unknown)	ED EVER IN U. S. ARMET	FORCES? of service) Army	16. SOCIAL SECURITY NO. None	17. INFORMANT Records— US N		ADDRESS	alto.Md.	
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  ASCITE  (B)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							6 mos.  6 wks.  Unknown	
TRIBUTING	II  GIGNIFICANT CONDI  TO THE DEATH, BUT  SISSEASE OR CONDITION  OF OPERATION   1	NOT RELATE	D	ATION		20.7	AUTOPSY7	
21a. ACCIDENT WAS UNDER.  21a. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING DEATH  21a. ACCIDENT WAS UNDER.  21b. PLACE OF INJURY (e. g., in or linguistic linguistic)  About home, farm, factory, street, office bldg., etc.)  INJURY OCCUR?					yes quive exact	No X		
21D. TIME O JURY	(Month) (Day) (Year)		21E. INJURY OCCURRING NOT WHILE AT WORK	ED 21F, HOW DID INJURY	OCCUR?			
deceased a		ended the 1951.	and that death occur	rred at 10 A m., from the season of the seas		the date st		
Burial	CREMA- Specify) May 28	/51	Historiation		CATION (City, tow	md		
NAY 251	BY REGISTRAR	S SIGNATU	eaut, Mali	25. FUNERAL DIRECTOR H. Bankad.	for Hul	ADDRES		
VS 150		42 1		4 / 0 6				



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ered	No	

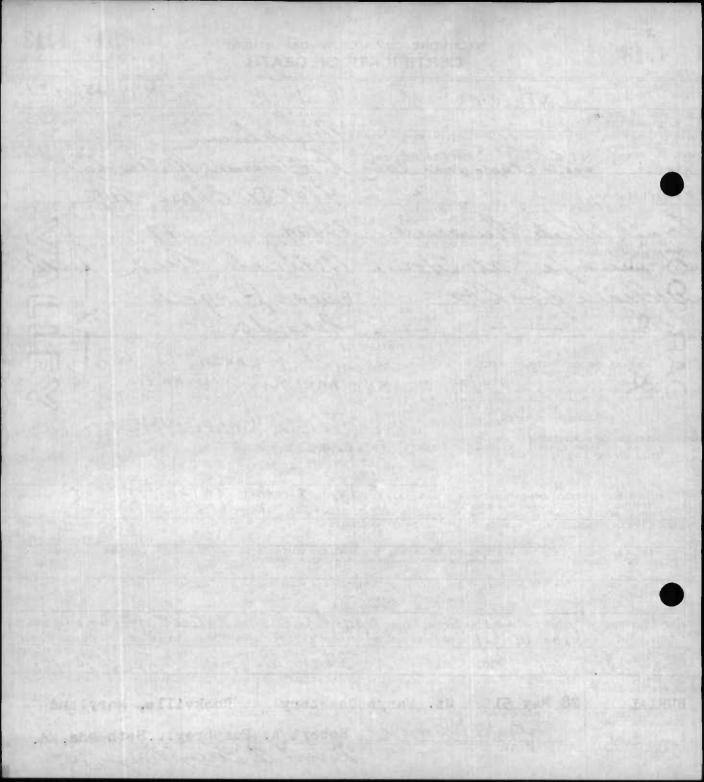
BIRT	4713	CERTIFICAT	E OF DEATH	Registered No.	
1. N.	AME OF DECEASED CATHER	ine T.	Podgers	2. DATE MAY	25,1951
	ACE OF DEATH: altimore City, Maryland		4. USUAL RESIDENCE	(Where deceased lived, If ins	titution: residence before admission)
	JLL NAME OF (If not in hospital or in	nstitution, give street address or location)		(If outside appearate limits, w	gam 1 r M
	MITUTION PINCERES	SAHA-TARIUM	Butter	Both	township)
0	686 3- 6184	reade lave	D. STREET ADDRESS	lf rural, give location)	ia.
	ength of stay in Baltimore	Z Mos.	4801 5%	ELMO-A	SE POOR
5. SE	ende lettite /	INGLE, MARRIED.  DOWED, DIVORCED (Specify)	L3Jan.	last birthday) Month	of 1 Year   M Under 24 Hours   Hours   Min.
10A.	USUAL OCCUPATION (Give kind of 10B. me during most of working life, even if retired)	KIND OF BUSINESS OR	11. BIRTHPLACE (State or	r foreign country) 12	. CITIZEN OF WHAT COUNTRY?
0	ATHER'S NAME	1. House	120 Leade	Med	usal
//	lilli :	OL-	10	11	
15. V	VAS DECEASED EVER IN U. S. ARMED FORCE		17. INFORMANT	Ngell	RESS
	(If yes, give war or dates of serv	vice) SECURITY NO.	Records.	_	
1	8. 443 X .	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRE	CTLY C4 PO	NIC MYUCA	rditis AND	2
	(This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	ng, e. g., (A)	CANDIAL DE	gentration	
	ANTECEDENT CAUSES	11.00	RTENSIVE CA	120 is - VASOLIA	2
ATION	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	, GIVING	CHSC	(() () () () () ()	
三		(C)			
FRT	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAUS	RELATED	typent Rophic with Psuc	1	?
_1			RATION		20. AUTOPSY?
V -	1A. ACCIDENT. SUICIDE, 21	B. PLACE OF INJURY (e.g.,	n or   21c. WHERE DID	(If in Baltimore City, give	YES NO
AED!		t bome, farm, factory, street, office bldg.,		The Baromore Only, give	. cauco location)
	NJURY (Month) (Day) (Year) (Hour			RY OCCUR?	
		m. WHILE AT NOT WHILE AT WORK		21211	
	2. I hereby certify that I attended				
	leccased alive on <b>April 44</b> , 19.	and that death occur	rred at K. IS A. m., from		date stated above. 23c. DATE SIGNED
	Melin VI. Por	/- /	2030 W. 70	ryslle M	5/25/51
24A. TION.	BURIAL, CREMA- 248, DATE REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 24D.	GOCATION (City, tewn, or	county) (State)
	IRTAL 28 May 51	St. Morve	Cemetery	Rockwille Mo	nul and

DATE RECEIVED BY LOCAL REGISTRAR

Redert A. Rumphrey...Bethesda. Nd.

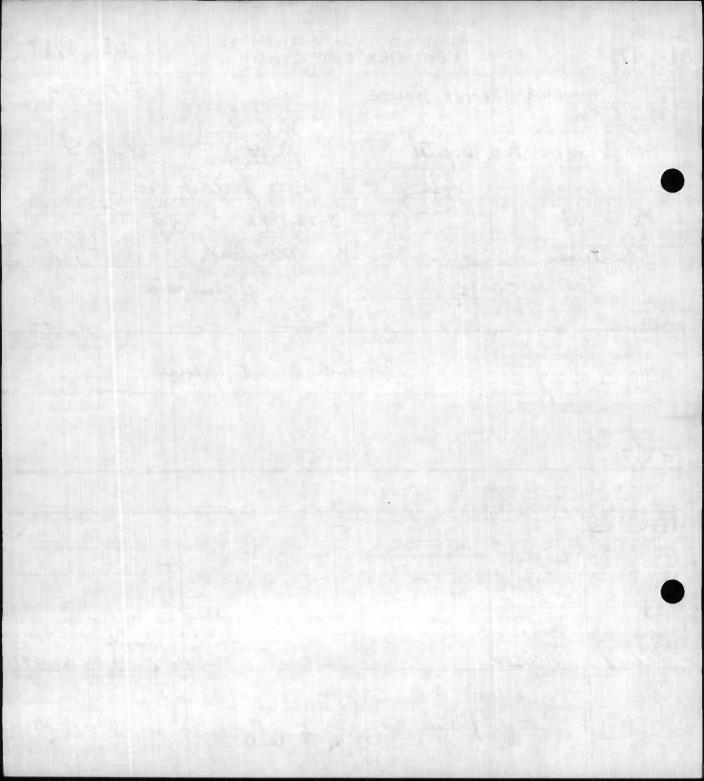
Robert A. Rumphrey...Bethesda. Nd.

Robert A. Rumphrey...Bethesda. Nd.



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 4714

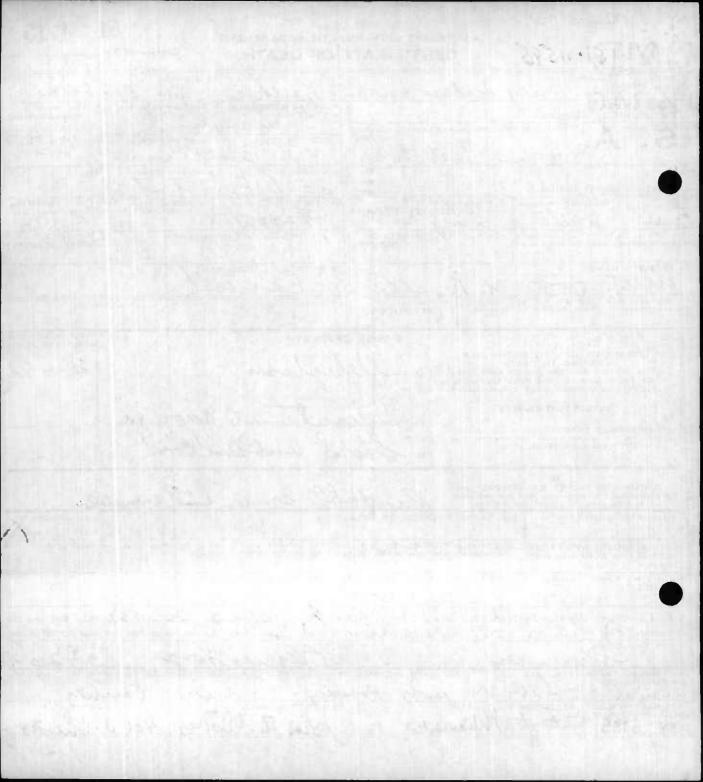
BIRTH NO.	L OI BLAIII
1. NAME OF DECEASED (Type or Print) HOWARD Thomas GONCE	2. DATE 5-23-51
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	manyland -
INSTITUTION Min newbush tospital	C. CITY OR TOWN (If outside corporate limits, write HIRAL and give township)
c. Length of stay in Baltimore  Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 1321 Ensure Orc.
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED 7 WIDOWED, DIVORGED (Specify)	8. DATE OF BIRTH  3-28-1892  9. AGE (In years if Under I Year Industry Months Days Hours Min.
10A. USUAL OCCUPATION (Givekinder 10B. KIND OF BUSINESS OR work done during most of working life, even if retired)  City of Baltimere	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME HOMES GONCE	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
DISEASE OF CONDITION DIFFERING	of DEATH INTERVAL BETWEEN ONSET AND DEATH
injury or complication which caused death.) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY7
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., e	or 21c. WHERE DID (If in Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	
22. I hereby certify that I attended the deceased from M	lag 23, 195/, to May 23, 195/, that I last saw the
deceased glive on may 23, 195/, and that death occur	rel atm., from the causes and on the date stated above.
23/SISMATURE LESON M. B.	38. ADDRESS (Min Minorial Hope 23c. DATE SIGNED Baltimore, & Maryland May 23. 951
24A. BURAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 251951 tentreton Williams, Min	O melvely Junkins 2713 Kirk and
vs 150 035 93	95B
20 12	



	230		51 4715					
1		E OF DEATH	Registered No.	_				
1.	NAME OF DECEASED Baby Andral Susa	w Kuchta	2. DATE. OF 5-26-1951	=				
	PLACE OF DEATH: Baltimore City, Maryland		ere deceased lived. If institution : residence  B. COUNTY before admission	-				
H	FULL NAME OF (If not in hospital or institution, give street address or location STITUTION STATE AND A HASH LAKE		atside corporate limits, write RDRAL and give	re				
C.	gth of stay in Baltimore  Yrs. Mos. Days	1 -11/ -11	ral, give location)	-				
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years I Under I Year I Under 24 Hours Min.  last birthday) Months Days Hours Min.					
10 worl	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country) 12. CITIZEN OF WHAT COUNTRY	7				
13	Albert tota M. Kushta	14. MOTHER'S MAIDEN MAN	5f	-				
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS	=				
		OF DEATH	INTERVAL BETWEEN	I Z				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	electoris	35 kg 5/3	3.2				
7	ANTECEDENT CAUSES							
FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	A umbilisel	col					
CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	oble conquil	tel anomalia					
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPS V	J				
MEDICAL	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	in or 21C. WHERE DID (If interest) INJURY OCCUR?	in Baltimore City, give exact location)	1				
	21D. TIME (Month) (Day) (Year) (Hour)  INJURY  WHILE AT NOT WHILE AT WORK		DCCUR?	_				
	22. I hereby certify that I attended the deceased from 3.	- 26 , 1957, that I last saw th	- e					
	deceased alive on 5-25, 193/, and that death occu	rred at Am., from the	causes and on the date stated above	2.				
	Murroy M.D.	Harres H	orp 3-26-1	7				
	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	Dary Ral	CATION (City, town, or county) (State)					
DA LO	THE RECEIVED BY REGISTRAR'S SIGNATURE  OCAL REGISTRAR  AV 261951	25. FONERAL DIRECTOR	ADDRESS	-				

VS 150

161a



1300 134716 BIRTH NO.		BAI	TIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	Registered N	51 471	6
	ANN H: , Maryland		NOUDY	4. USUAL RESIDENCE (W		26-51 institution: residence before admis	
	iveRSiT)	1 4	location) OSPITAL Yrs. Mos. Days	Laurel	outside corporate limits	s, write RURAL and town	
10A USUAL OCCUP	PATION (Givekind of king life, even if retired)	WIDOW	E. MARRIED, YED, DIVORCED (Specify)	B. DATE OF BIRTH  11. BIRTHPLACE (State or for	last birthday) Mon	Under I Year   If Under 24   Hours   1   12. CITIZEN OF   WHAT COUNT	Min.
13. FATHER'S NAM				14. MOTHER'S MAIDEN NA	AME	U.A.	/
(Yes, no or nnknown)	VER IN U.S. ARMEE If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AC	DDRESS	Ų.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  DUE TO			OF DEATH WARY THRO	m 30 : ; s	INTERVAL BETY DNSET AND DI	VEEN EATH	
			IG IE DUE TD	RIU SELERO		1090	
	II IFICANT CONDI THE DEATH, BUT			Wa Gila + D		Fuerk.	

Fusik

TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPS

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.)

21c. WHERE DID

240.

YES (If in Baltimore City, give exact location)

CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

NOT WHILE

WHILE AT WORK

AT WORK

22. I hereby certify that I attended the deceased from. , 19 1, that I last saw the , 1951. and that death occurred at 1. deceased alive on 5/26 m., from the causes and on the date stated above. 238. ADDRESS

23A, SIGNATURE

23c. DATE SIGNED 5-26-51

24A BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE

240 NAME OF CEMETERY DR CREMATORY

25 FUNERAL PURECT

ADDRESS

DZATION (City, town, or county

MAY 261951 VS 150

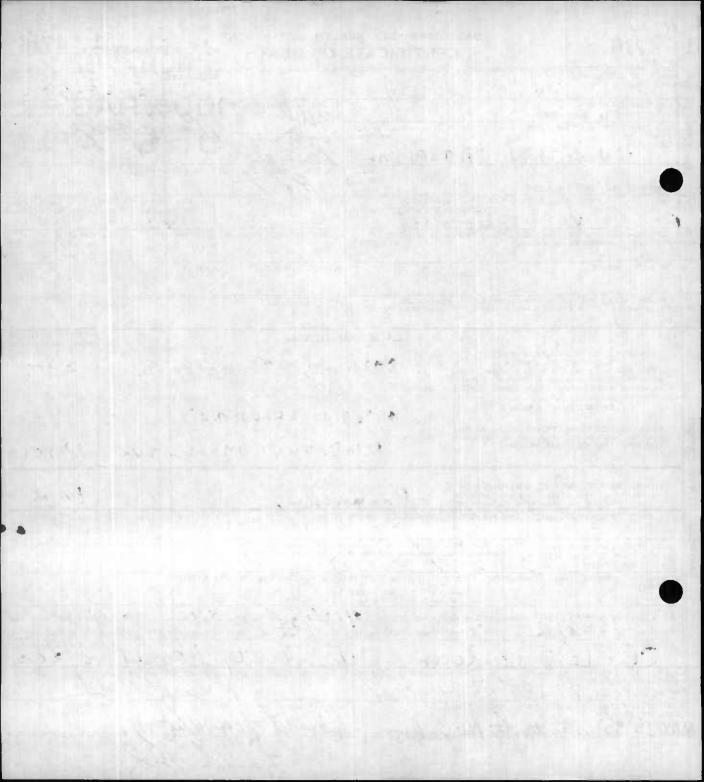
DATE RECEIVED BY

INJURY

Ü

MEDICAL

(State)



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

4717 Registered No.

U.B.	TIT.	

BIRTH NO.	OEKTII TOTTI	E OF BERTH		
I. NAME OF DECEASED Type or Print) Mar	y Joseph O'Neill		2. DATE OF DEATH MAY	24,1951
B. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		
B. FULL NAME OF (If not in hospit HOSPITAL OR NSTITUTION MERCY HOS	al or institution, give street address of location pital		outside corporate limits,	write PLURAL and giv township
gth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If a 3337 Win	rural, give location)	
'emale White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Widowed	s. DATE OF BIRTH	9. AGE (In years last birthday) Mont	der I Year H Under 24 Hours hs Days Hours Min.
OA. USUAL OCCUPATION (Give kind of ork dane during most of working life, even if retired)  House-wife	10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fo		2. CITIZEN OF WHAT COUNTRY
John Murphy		14. MOTHER'S MAIDEN NA Mary Hagert		
5. WAS DECEASED EVER IN U. S. ARMEE (1f yos. give war nr date) NO	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Miss Katherine		oress 37 Windsor
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which complete the state of the	DIRECTLY If dying, e.g., ns the disease.	on death	ision	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUS  DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	F ANY, GIVING STATING THE DUE TO	CERTIFICATION A	PPROVED BY	
OTHER SIGNIFICANT CONDITIONS TO THE DISEASE OR CONDITION	NOT RELATED	CHIÉF OR ASST. MED	HCAL EXAMINER.	
19A. DATE OF OPERATION ()	9B. MAJOR FINDINGS OF OPE	RATION		YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., about bome, farm, factory, street, office bldg.		f in Baltimore City, giv	e exact location)
21D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCUR!		OCCUR?	

22. I hereby certify that I attended the deceased from

deceased alive on , 19 1. and that death occurred at 11

23B. ADDRES

1947 to 5

24D. LOCATION (City, town, or county)

n., from the causes and on the date stated above. 23C DATE SIGNED

24A. BUMAL, CREMA-TION, REMOVAL (Specify) Burial

New Cathedral

Baltimore

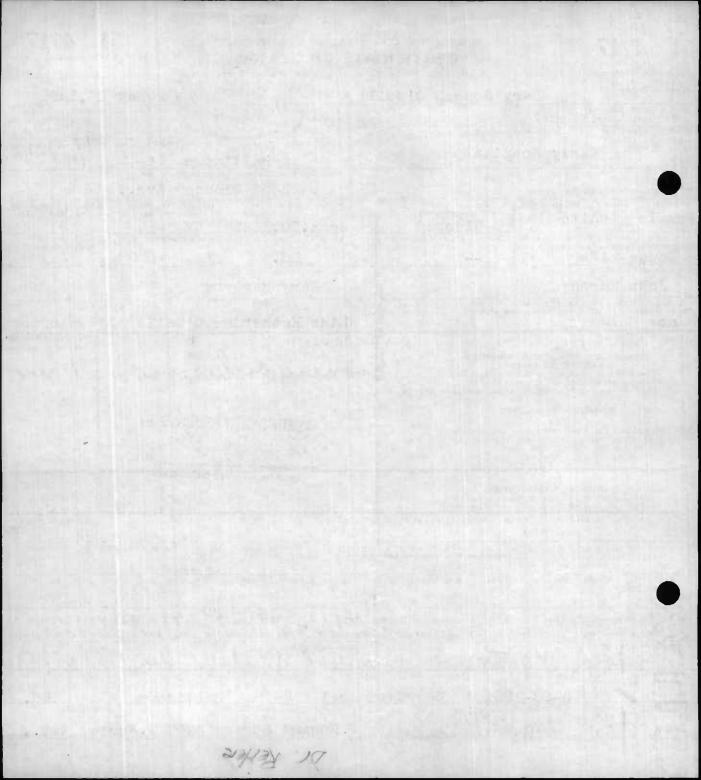
ADDRESS

DATE RECEIVED BY

5-28-1951 REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

. 1951, that I last saw the



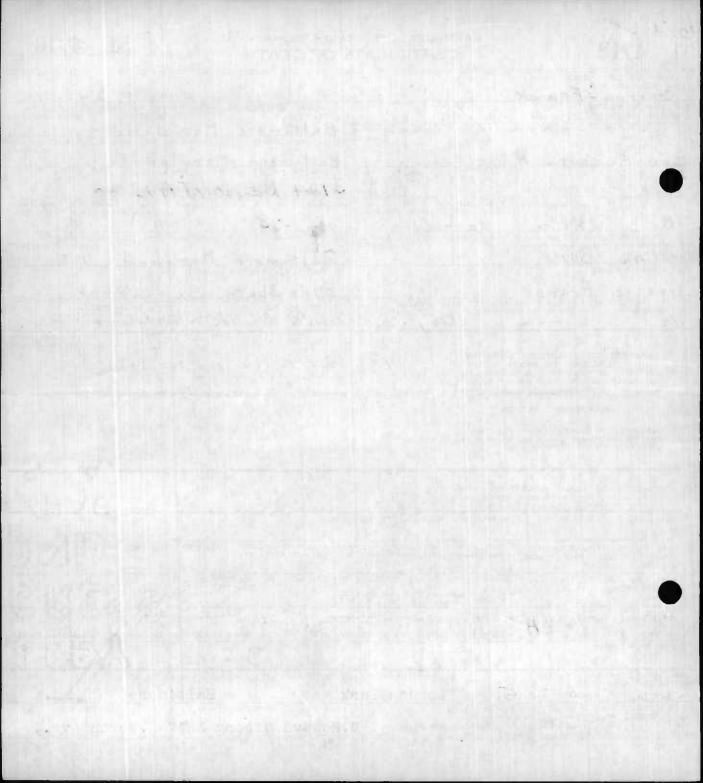
657 51 4718 BIRTH NO.

## CERTIFICATE OF DEATH

egistered No. 4718

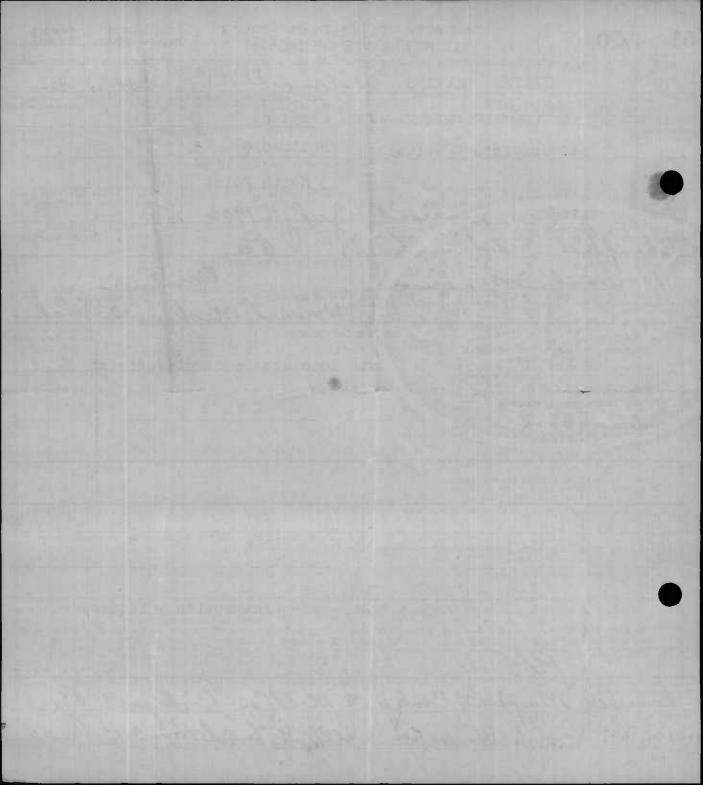
51B

, RI	RTH NO.			CERTIFIC	CATE	OF DEA	ATH	Reg	istered No		
	NAME OF DECEA	SED	/	7	_ ^	TOA.	CV	2. DATE			
	George	Franck	9	EORGE	= (1	FRAN	CV	DEATH		24-1	51
	Baltimore City,				4. A.	STATE	SIDENCE	(Where deceas	cd lived. If in		sidence admission)
	FULL NAME OF OSPITAL OR	(If not in hospit	al or institut	ion, give street add	4: \	3altin	nore,	Mary	land		
IN	STITUTION	1/			cation) C.	CITY OR TO	WN (	If outside corp	orate limits,	write RUCA	Land give township)
L	Son Sec	ours H	ospi1	al	E		re, I		nd	0	
3	ath of stars in	. D. 141	Bill	7-11-5-31	Yrs. D. Mos. 2	1 .	r3 .	f rural, give le		,	
C. 5.	sex 16.00	LOR OR RACE	7 SINGLE	MARRIED.	Days 9	DATE OF BI		DAYLA 19. AGE II		nder   Year   If	Under 24 Hours
	MIL	1 4	WIDOW	ED, DIVORCED	(Specify)	DATE OF BI	. 2		thday) Mont		
10.	A. USUAL OCCUPA	TION (Give kind of		OF BUSINESS	OR 11	BIRTHPLAC	E (State or	foreign count	7	2 CITIZEN	105
ork	dane during most of warking	ng life, even if retired)	TOB. KINE		JSTRY	ח ון.	ZE (Duate of	N Country	1 1	2. CITIZEN WHAT C	OUNTRY
13.	FATHER'S NAME	suger			10	Salting. MOTHER'S	nore,	Mary	land	U.S	
	_				1**	- 1		NAME			
15.	WAS DECEASED EVE	RINIISARMET	D FORCES?	16. SOCIAL			beth	Sel	raeff	er	
You	, nn nr unknawn) (If	yes, give war nr date	s nf service)	2/6-/2-20	NO.	INFORMAN	Trances	k 3/2	4 Below	cont a	ae
Í	18. /77	V	1255		USE OF		,	,		INTERVAL	BETWEEN
	DISEASE OR	CONDITION	DIRECTLY	7	1 /	JEATH.	1		•	ONSET A	ND DEATH
		DING TO DEAT	TH	· (A)	neh	a 1 ta	he.	conte	2 Ceores	4	
	heart failure, ast injury or compl	henia, etc. It niea	ns the diseas	е,	*****************	~/	4	[ ]			
				., 502 10		1/	ومردد	date			
-	ANTE	CEDENT CAUS	SES	40)						- 3%	
0	DISEASES OR O	CONDITIONS, II	F ANY, GIVIN		******************	*******************	******************	*******************	***************************************		***************
4	UNDERLYING			E DUE TO							
				(C)	••••	***************************************		. *************************************			
Ē	OTHER GIGNIE	II III	TIONS				1000				-
H.	OTHER SIGNIF	HE DEATH, BUT	NOT RELATE	D							
0	19A. DATE OF OPI			FINDINGS OF	OPERATI	ON				20. AU	TOREY?
4		0			O. Zitirti					YES T	NO T
	21A. ACCIDENT			CE OF INJURY		21c. WHER		(If in Baltim	ore City, giv		
	LYING OR CON		about home, f	arm, factory, street, nfi	ce hidg., etc.)	INJURY OC	CUR?				
≥  -	21p. TIME (Month	) (Day) (Year)	(Hour)	E IE. INJURY OC	CURRED	21F. HOW I	DID INJUR	RY OCCUR?			
	NJURY		m.	WORK NOT	WHILE						
1	22. I hereby cert	tifas that Hatt				- // 10	17 40	may:	2410 17	41.4 7 1	4 47
-	deceased alive or			and that death				the causes			
1	23A. SIGNATURE	U	_, 10_3,	L L		ADDRESS			ina on the	23c DATE	SIGNED
1	L. Carrier		7	17 M.	D.		85	H	- 10	3-24	1)
	A. BURIAL, CREMA N. REMOVAL (Specify		2	4c. NAME OF CE		R CREMATO	RY 24D.	LOCATION (	City, town, or	county)	(State)
13	wheal	5-28.	67	Loudon	Park			Baltin	nore	Mc	1.
DA	TE RECEIVED BY	REGISTRAR	S SIGNATU			FUNERAL I	DIRECTOR			DDRESS	
-	MAY 26 1951	Thurster of to	m //whi	weed, Math	G.H	oward	Stron	g 3207	W. Nor	th Ave	
	VS 150		-9.5	Land I		4	Ų.				
			and the second	*1						1 . 10	



3.63 Not MED EXAM	CASE RELEASED TO HOSP.
1 4719 CHANTE CHATTER CERTIFICATI	
1. NAME OF DECEASED	2. DATE 00 00 10 11
(Type or Print) DOROTHY, ME CREA	OY   OF 1/14/25,195
3. PLACE OF DEATH: A. Baltimore City, Maryland  Mbq 3	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	C. CITY OF TOWN (If outside corporate limits, write RURAL and give
SELECT HOPKIES HORPITH	PORTSMOUTH township)
c. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR Work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HARRY B. STRALLON	Stump
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS ADDRESS
18. / 9 3 X CAUSE (	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	puslon fulue
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	(astrohildatoma) night poniato
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	(actrablastoma) right perieta over
O (C)	uteri
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194 DATE OF OPERATION   198 MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
U 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (c. g., in about home, farm, factory, street, office bldg., e	yes No La or   21c, WHERE DID (If in Baltimore City, give exact location)
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, at reet, office bldg., e	
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING NOT WHILE AT NOT WHILE	
m.   work   AT WORK	-25-1951; to 5-25-, 1951, that I last saw the
deceased alive on 5 25, 19 and that death occur	27 20
	3B. ADDRESS HOPKIES HUSPITAL 23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF COMETE TION, REMOVAL (Specify)	OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial May 28/51 Cely Park	25. FUNERAL DIRECTOR ADDRESS
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRARY	tuant man lo 108 W. north an
VS 150	P. + . # 1 " F. 1 a
	my "1. 24 h

See Document File 51-4719 6/13/51 ES

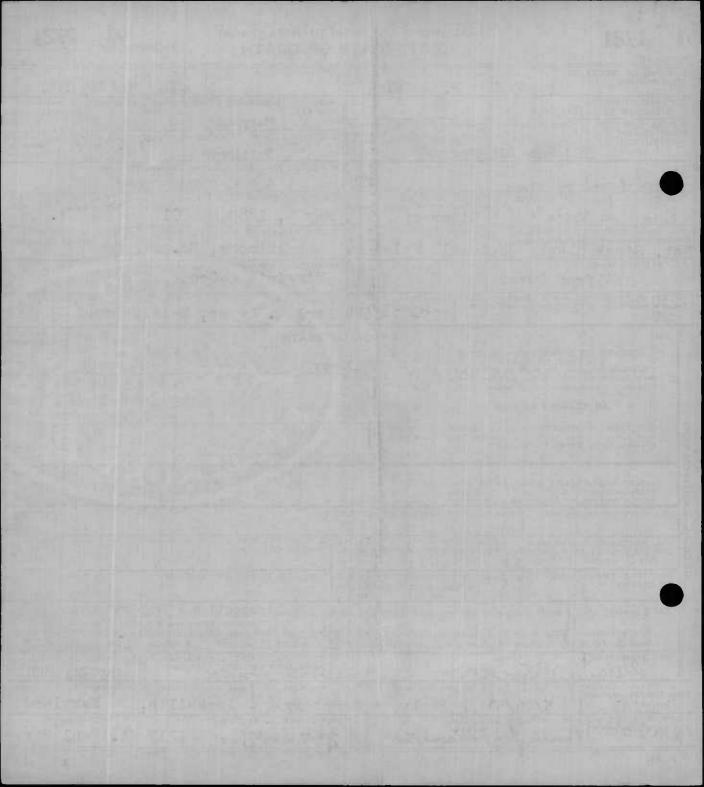


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	1.	NAN	1E	OF	DECE	ΞA

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registe

egistered No. 4721

BIRTH NO.	1		CERTIFICATI	E OF DEATH	H Regis	stered No	~/~1
1. NAME OF D (Type or Print)		AUL	P. DWYER O	·**.	2. DATE OF DEATH	May 24,	, 1951
3. PLACE OF D	City, Maryland			4. USUAL RESIDE	NCE (Where deceased		tion : residence before admission
The state of the s		tal or institu	tion, give street address or location)	c. CITY OR TOWN	yland		URAL and giv
	Baltimore	City Mo	rgue	Bal·	timore	16-	township
			Yrs. Mos.	D. STREET ADDRE	SS (If rural, give loc	ation)	
5. SEX	stay in Baltimore		Days		S. Oldham S.		
Male	White	WIDOV	E. MARRIED. VED, DIVORCED (Specify) VOT CED	May 3, 18	last hirth	years If Ender I	Year If Under 24 Hours Days Hours Min
non. USUAL OC work done during most Ret. Sto	ccupation (Give kind of working life, even if retired ck Clerk	McDow	of Business or INDUSTRY		ore, Md.		HAT COUNTRY
13. FATHER'S			ONFEET, MARY (MY	14. MOTHER'S MAI Virginia	DEN NAME		
15. WAS DECEAS	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO. 1 217-03-8681	17. INFORMANT Paul F. D	wyer, Bela	ir Road	ss
(This doe heart fail Injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DE, s not mean the mode ure, asthenia, etc. It me complication which  ANTECEDENT CAU SOR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION L  III SIGNIFICANT CONE	ATH of dying, e. ans the disea caused deat SES  IF ANY, GIVI ) STATING T AST.	g., (A) Epil se, h.) DUE TO  (B)	.epsy			
TRIBUTING	G TO THE DEATH, BUT	NOT RELAT	ED				
U 19A. DATE O			FINDINGS OF OPER	ATION	2	20. AUTOPSY?	
UNDERLYIN	NAL CAUSE WAS IG OR CONTRIB CAUSE OF DEATH	about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldge			1	res No X
	(Month) (Day) (Year		21E. INJURY OCCURRI	ED 21F. HOW DID	INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an Inspection & Inquitive Inquitive evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died of and death in my opinion resulted from: natural causes , accident , suicide , homicide and selection of Inquiry find that said deceased died of an and death in my opinion resulted from: natural causes , accident , suicide , homicide and selection of Inquiry find that said deceased died of an accident , suicide , homicide and selection of Inquiry find that said deceased died of an accident							y stated above rmined □. TE SIGNED
24A. BURIAL, C		1	34C. NAME OF CEMETE	D. MEDICAL INVE	24d. LOCATION (Ci	ty, town, or cour	
DATE RECEIVE LOCAY RECEIVE	5/26 REGISTRAR	S SIGNATU	Parkwood Co	25. FUNERAL DIRE		7	eryland RESS Aul Strø
V S 151	- 3		3906,	4		8	5

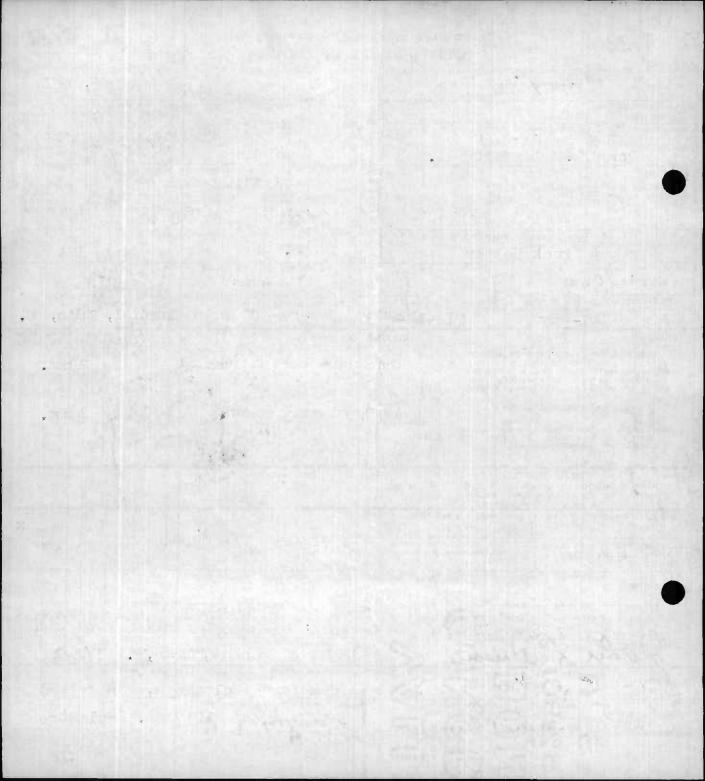


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## BALTIMORE CITY HEALTH DEPARTMENT

51 4722

71. 11CC	CERTIFICATI	F OF DEATH	Registered No.	- 1/ factor
BIRTH NO.	OLIVIII IO/VII	L OI DEMIN		
1. NAME OF DECEASED (Type or Print)  FLOYD PAYNE			2. DATE May	25, 1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived, If ins B. COUNTY	titution: residence before admission)
B. FULL NAME OF (If not in hospital or instit HOSPITAL OR US Marine Hospital	ution, give street address or location)		outside corporate limits, v	rate RU Alrand give
Wyman Pk. Drive & 31	st. St.	Baltimore	10-	township)
Nyman In. Directory	Yrs.	o. STREET ADDRESS (If r	ural, give location)	
c. Egth of stay in Baltimore ?	Mos. Days	922 Wilmo		
WIDO	LE. MARRIED, WED, DIVORCED (Specify) Single	8. DATE OF BIRTH 8/4/92 ?	9. AGE (In years last birthday) Month	er I Year II Under 24 Hours B Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KII		11. BIRTHPLACE (State or for	reign country)   12	CITIZEN OF
work done during most of working life, even if retired). Retired Truck Helpe	INDUSTRY	Md.		WHAT COUNTRY
13. FATHER'S NAME Charles Payne	TRUCKING	14. MOTHER'S MAIDEN NA Ella Menns	ME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	I 16, SOCIAL	17. INFORMANT	ADD	RESS
(Yes, no or unknown) (If yes, give war or dates of service)  Yes   WWI-Army	212-14-8495	Records- US Ma	rine Hospital,	Balto, Md.
18. 434.1		OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL LEADING TO DEATH	Conges	stive heart failur	'e	2 mos.
(This does not mean the mode of dying, a heart failure, asthenia, etc. It means the dise injury or complication which caused dea	ase, (A)			
ANTECEDENT CAUSES				111111111111111111111111111111111111111
Z	(8)	pulmonary edema		2 mos.
DISEASES OR CONDITIONS, IF ANY, GIVEN RISE TO THE ABOVE CAUSE (A) STATING				
UNDERLYING CONDITION LAST.	(C)			•
OTHER SIGNIFICANT CONDITIONS C	TEO			
	OR FINDINGS OF OPER	PATION		20. AUTOPSY?
A STATE OF STERMING 1981 MASS	X 7 111511105 01 01 21			YES NO X
LYING OR CONTRIBUTING   about hom	LACE OF INJURY (e. g., i		f in Baltimore City, give	e exact location)
CAUSE OF DEATH  21p. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
NJURY	WHILE AT NOT WHILE		000011	
m.	WORK AT WORK	y 1 .1951 to M	ay 25 , 19.51,	that I last saw th
deccased alive on May 25, 1951	and that death occur	rred at 9:30A m., from th	he causes and on the	date stated above
23A SIGNATURE		23B. ADDRESS		23c. DATE SIGNED
Je Ku J. Wilso	M. D.	US Marine Hospita		5/25/51
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24c. NAME OF CEMETE		OCATION (City, town, or	
/parial 5/28/51			ltimore, M	aryland
DATE RECEIVED BY REGISTRAR'S SIGNA LOCAL REGISTRAR	TURE	25. FUNERAL DIRECTOR	1217 St. Pa	ul Street
MAY 261951 Thurtington 14	hand Min.	TIM. UTTENTAG.	4-17	
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4723 REA-147957

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

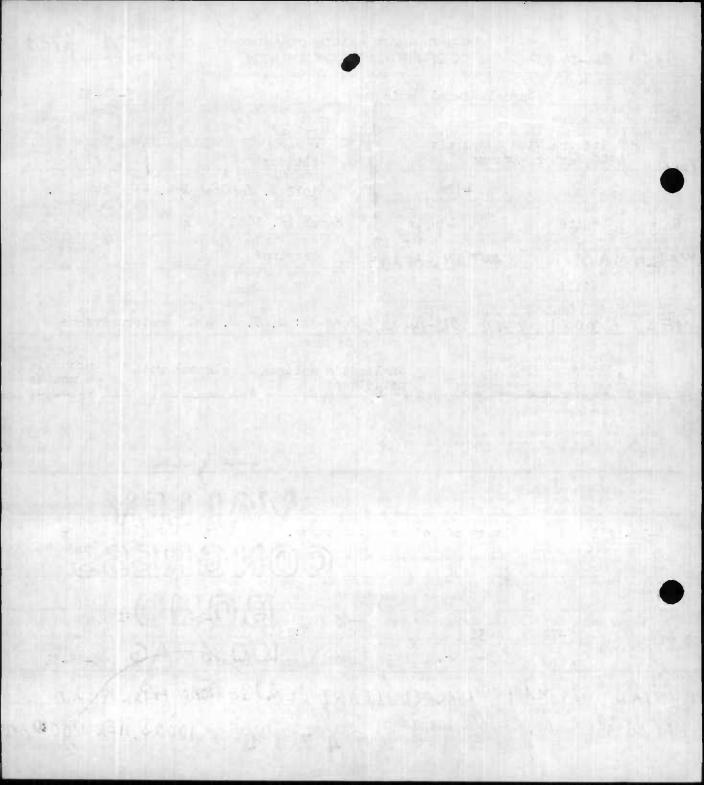
Registered No. 4723

BIRT	H NO.	1001	021(11110)		1 10/10/11/1		
	AME OF D					2. DATE	-1
((			muel Edward Davis		Part and the second	DEATH	24-51
A. Ba		City, Maryland		A. S	JSUAL RESIDENCE (\ TATE	Where deceased lived, If B. COUNTY	institution : residence before admission)
B. FU HOSE	ILL NAME	OF (If not in hospit	tal or institution, give street addre		aryland	outside cornorate limit	s, write RURAL and give
INST	TUTION	altimore City	Avenue		Baltimore	outside corporate mini	township)
3		710 0000011			TREET ADDRESS (If	rural, give location)	
C. In	ngth of s	tay in Baltimore	4116	los.		od Ave. zone	24
5. SE		6. COLOR OR RACE	7 SINGLE MARRIED	18. D	ATE OF BIRTH	9. AGE (In years)	Under 1 Year   If Under 24 Hours
	ale	White	Single Single		reh 16, 1893	58	nths Days Hours Min.
Work do	USUAL OC neduring most of TCHN	CUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINESS OF INDUS		BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. F	ATHER'S		TOTAL TOTAL	14.1	MOTHER'S MAIDEN N	AME	
		William			Mary Dunn		
(Yes, no	or unknown)	ED EVER IN U, S. ARMEI (If yes, give war or date	D FORCES?  16. SOCIAL SECURITY N  1.3-14-02	0. Reso	nformant rds: B. C. H.	4940 Eastern	Avenue
18		۸ X		SE OF D			INTERVAL BETWEEN
V I	//	SE OR CONDITION					ONSET AND DEATH
	(This does not mean the mode of dying a g						probable 6 menths
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	ANTECEDENT CAUSES						to years
z							
9	RISE TO T	OR CONDITIONS, I	STATING THE DUE TO				
X	UNDERLY	ING CONDITION LA	AST. (C)		*	76	
H -							
CERTIFICATION	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT	NOT RELATED				
		F OPERATION	198, MAJOR FINDINGS OF C	PERATIO	N		20. AUTOPSY?
	4-30-1	.951	Biopsy of peduncul	ated t	umor, left in		YES X NO
	AUSE OF	ENT WAS UNDER. R CONTRIBUTING [] DEATH	21B. PLACE OF INJURY (e about home, farm, factory, street, office l	d. g., in or 2	NJURY OCCUR?	If in Baltimore City, 1	give exact location)
	INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCI	JRRED 2	1F. HOW DID INJUR	Y OCCUR?	
	in sort		m. WHILE AT NOT W	HILE ORK			
2	2. I hereb	y certify that I att	tended the deceased from_	4-25	, 10,000	5 <b>–</b> 24 <sub>, 19</sub> 51	, that I last saw the
d	eceased a	live on 5-24	_, 19_51. and that death o			he causes and on ti	he date stated above.
2	3A. SIGNA	TURE	Choque M.D		Eastern Aven	ue	5-25-51
12 1	BURIAL, OREMOVAL (S	CREMA- Specify) 28 MA	44 1000	EARI	CREMATORY 240. L		
DATE	RECEIVE	D BY   REGISTRAR	'S SIGNATURE		FUNERAL DIRECTOR	MAN HILL	ADDRESS
LOCA	AL REGIST	PAR 1	on Williams Mass	Cfonl			FALLIA A 10 AV

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2 D-000	
BIRTH NO.	

51 4724 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATHMAY 124, 1951 Minnie O. Day 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 700 Walnut Ave. (township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Dength of stay in Baltimore 40 yrs. 700 Walnut AVe . Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years April 21,1906-45 Months Days WIREMED DIVORCED (Specify) Hours: Min. White Female 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done'dhring most of working life, even if retired) Own Home INDUSTRY Md. WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James E. Asher Mary Bramble 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or npknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Mr. Carl L. Day, 700 Walnut Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ERTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DATE OF OPERATION () 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY accoura EDICA 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE WHILE AT WORK AT WORK 24.15/, that I last saw the 22. I hereby certify that I attended the deceased from O deceased alive on Wag 24 1931 and that death occurred at\_ 7 P.m., from the fafises and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED AA BURIAL, CREMA-OR, REMOVAL (Specify) Burial 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY Baltimore 29.Md. Loudon Park DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS 25 FUNERAL DIRECTOR

VS 150

4101 Edmondson Ave

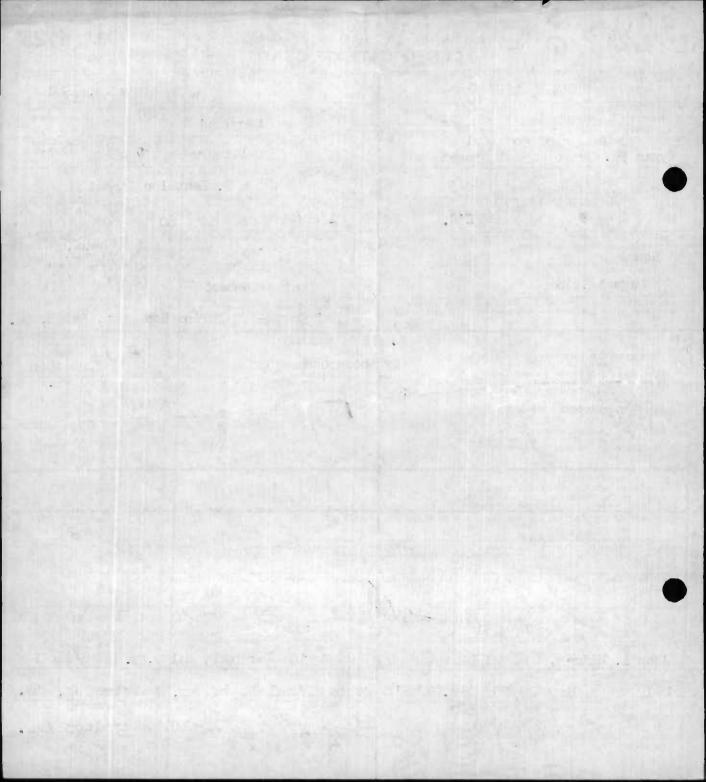
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4725

BIR	TH NO.			CERTIFIC	CATE	E OF DEATH	Registere	d No.
	NAME OF DE	HERMAN W	EIBE				2. DATE OF DEATH	fay 24, 1951
A. I	ULL NAME O	ty, Maryland  (If not in hospit	al or instituti	on, give street add	lress or	4. USUAL RESIDENCE (WA. STATE Maryla	Where deceased lived	
HO:	SPITAL OR	US Marine Ho . Drive & 31	ospital	loc	cation)	c. CITY OR TOWN (If Baltin		imits, write RURAL and give (ownship)
5 c.	ength of sta	y in Baltimore	Li	fe	Yrs. Mos. Days	o. STREET ADDRESS (If	rural, give location, Bentalou	
	M	W RACE	WIDOW	, MARRIED, ED, DIVORCED ( Ld.	(Specify)	1/10/91	9. AGE (In years last birthday)	if Under 1 Year II Under 24 Hours Min.
10A vork	None None	UPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS INDU	OR JSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
		st Weibe				14. MOTHER'S MAIDEN N. Louise Bombe		
15. (Yes,	was deceased no or unknown)	EVER IN U, S. ARMEI (If yes, give war or date	D FORCES? as of service)	16. SOCIAL SECURITY None	NO.	17. INFORMANT Records- US 1	Marine Hose	ADDRESS ital, Balto, Md.
RTIFICATION	(This does heart failure injury or c	OR CONDITION LEADING TO DEA not mean the mode of the action of the condition of the conditi	TH  of dying, e. g  ns the disease  caused death.  SES  F ANY, GIVIN  STATING TH  AST.	(B)		sarcoma		More than  1 yr.
CER	TRIBUTING TO THE DIS	ONIFICANT CONDITION TO THE OEATH, BUT EASE OR CONDITION OPERATION	NOT RELATE	D	 OPER	ATION		20. AUTOPSY?
EDICAL		NT WAS UNDER- CONTRIBUTING [] EATH		CE OF INJURY arm, factory, street, offi			If in Baltimore Cit	ty, give exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?								
-	deceased ali	JRE John	1951	and that death	occur	y 2 red at 8:30A m., from t 3B. ADDRESS US Marine Hospita		951, that I last saw the n the date stated above.  23c. DATE SIGNED  5/24/51
3U.	a. BURIAL, CF N, REMOVAL (Sp <b>rial</b>	May 28	/51	t.John's	EMETE	angelical Luth	OCATION (City, to	tminster, Md.
LQ	TE RECEIVED		1 16	RE	7	arry H. With	2/ce4101 Ba	address
	VS 150	100		45	- 3			and the same of th



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) Helen Foreman OF DEATH May 25, 1951 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address & HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN Avon Apts. INSTITUTION township) Baltimore 6 East Read St. D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 6 E. Read St. 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) If linder 1 Year If linder 24 Hours last birthday) Months; Days Hours: Min. WIDOWED, DIVORCED (Specify) female white single Jan. 15. 1900 10A. USUAL OCCUPATION (Givekind of) IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Transportation Dept. Railroad Md. 13. FATHER'S NAME Clean 14. MOTHER'S MAIDEN NAME Joseph F. Foreman Virginia Bayly 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL AWassengton, DC 17. INFORMANT (Yes, no or unknown) SECURITY NO. no Mr. John F. Lewis - 4817 - 36th St., N. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ERTIFIC (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? DICA NO 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factery, street, office bldg., etc.) INJURY OCCUR? Ш O. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 2 F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE and that death occurred at 100 mm., from the 22. I hereby certify that I attended the deceased from dist. that I last saw the deceased alive on May 1, 19 Im., from the auses and on the date stated above. 23A, SIGNATURE 23c. DATE SIGNED

July 20

24c. NAME OF CEMETERY OR CREMATORY

240. LOCATION (City, town, or count) Aberdeen. Md.

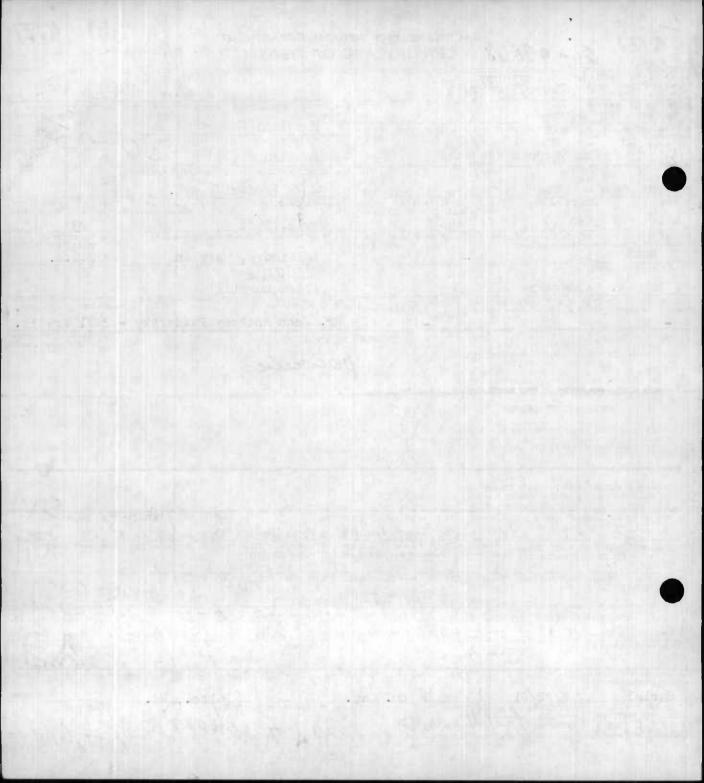
24A. BUILIAL, CREMA-TION REM VAL (Specify) Burial 5/28/51 DATE RECEIVED BY REGISTRAR'S SIGNATURE

Baker Cem.

25 FUNERAL DIRECTOR

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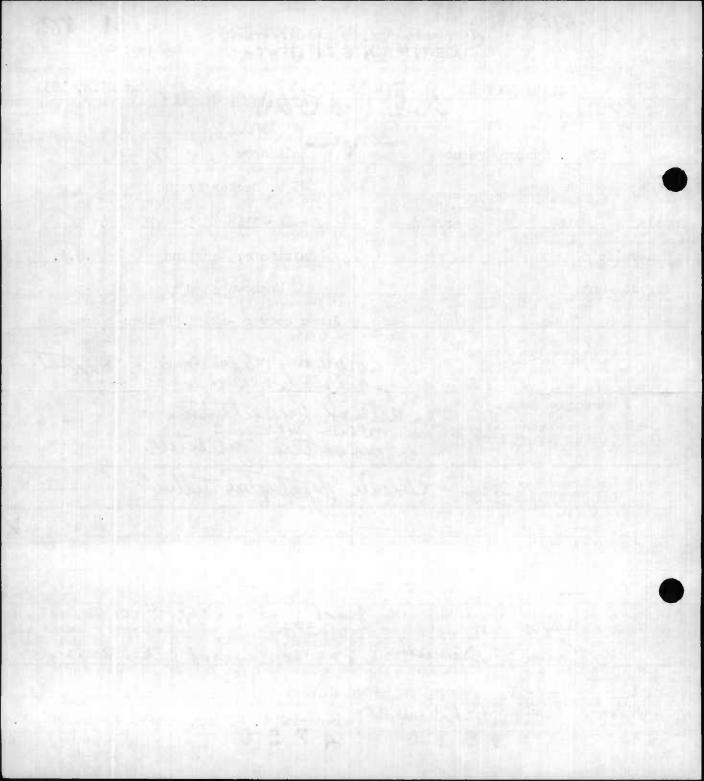
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	4727	1. 000			ALTH DEPARTME		51 4727
BIR	TH NO.	51-098	68	CERTIFICATI	E OF DEATH	Registere	ed No.
1. I (Ty)	NAME OF D pe or Print)	Baby James/	hony	ky		2. DATE OF DEATH	May 25, 1951
	PLACE OF DE	EATH: City, Maryland			4. USUAL RESIDENCE	DEATH	d. If institution: residence
B. F	ULL NAME		al or institut	ion, give street address or location)	Maryland		
INS	TITUTION	Bon Secours	Hospi		Baltimore	(11 outside corporate)	inits, write RURAL and give township)
7				Yrs.	D. STREET ADDRESS	(If rural, give location	)
		tay in Baltimore	23 day	Mos. Days	2671 Freder	rick Ave.	
5. 8		6. COLOR OR RACE		MARRIED, (ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	Months: Days Hours: Min.
	ale	White CUPATION (Give kind of	S.	ingle	May 2, 1951		23
work d	one during most o	f working life, even if retired)	10B. KINL	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S N	IAME	-		Baltimore,		U.S.A.
	John A.	Pazdersky			Vera Murri		
15.	WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	<u>- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>	ADDRESS Av.
(100,	=	(11 yes, give war or dates	or service)	SECURITY NO.	Mr. John Antho	onv Pazdersky	77.A B
	18. 570	3		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION			10000		ONSET AND DEATH
	(This does	not mean the mode ore, asthenia, etc. It mean	f dying, e. s	(A)	rolvelles		
	injury or	complication which c	aused death	e, .) DUE TO			
		ANTECEDENT CAUS	ES				
Z O	DISEASES	OR CONDITIONS, 15	ANY, GIVIN	(B)		•••••	
Ě	RISE TO TH	HE ABOVE CAUSE (A)	STATING TH	E DUE TO			
- E				(C)		***************************************	
RTIF	OTHER SI	II CONDU	TIONS				
ш	TRIBUTING	IGNIFICANT CONDITO TO THE DEATH, BUT I SEASE OR CONDITION	NOT RELATE	D			The second
0 -				FINDINGS OF OPER	ATION	Evall. HEE	Thes   20, AUTOPSY?
<u> </u>	5-2	2-51	OLVUla	US Gangren	ous Mesenteric		
ш	21A. ACCIDI LYING OR CAUSE OF I	ENT WAS UNDER- CONTRIBUTING	21B. PLA about home, f	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE DID	(If in Baltimore Cit	ty, give exact location)
Σ	P. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJ	URY OCCUR?	
	INJURY		. m.	WORK NOT WHILE			
	22. I hereby	certify that I att	ended the	deceased from	-22 -, 1957, to	5-25 ,19	$9\sqrt{7}$ , that I last saw the
deceased alive on J-2J-, 19 and that death occurred at J- m., from the causes and on the date stated al							n the date stated above.
1	23A. SIGNAT	URE	2 12		3B. ADDRESS	S.H.	23c. DATE SIGNED
	. BURIAL, C		- / (	M. D.   24C. NAME OF CEMETER	RY OR CREMATORY   24		May 25, 1951
TION	REMOVAL (S)	pecify) 5 /25 /51				) m - 2 4 3 5 2	
DAT	E RECEIVED		SIGNATU	RE Balto Cem	25. FUNERAL DIRECTO	OR Md	ADDRESS
MA	Y 2619	51 Tuntingt	TO TYPHI	exist, Mills	Ilym. Ala	never/x	MO- 0010
1111	VS 150	8	in	Samuel II.	4/1		bollo vila.
					V	1 -	2 2 72
						100	and IN



51 1728

160	ВА		EALTH DEPARTMENT	Davistan I Na			
BIRTH NO.		CERTIFICATI	E OF DEATH	Registered No	-		
1. NAME OF DECEASE (Type or Print)	CLARA HOOVER			OF May 2	5th, 1951		
3. PLACE OF DEATH:  A. Baltimore City, Ma	aryland		4. USUAL RESIDENCE (V		nstitution : residence before admission		
B. FULL NAME OF (I		tion, give street address or	Maryland		201010 441112010[]		
HOSPITAL OR		location)		outside corporate limits,	write RURAL and giv		
625	N. Decker Aver	nue	Baltimore	7-0	Lownship		
		75 Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)			
ngth of stay in H		Days	625 N. Decker				
5. SEX 6. COLO	OR OR RACE 7. SINGL	E. MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	nder I Year   If Under 24 Hours the Days Hours Min.		
Female Wh:		farried	November 11th 1		6 14		
IOA. USUAL OCCUPATION ork done during most of working li	ON (Givekind of 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fe	oreign country)   1	2. CITIZEN OF		
Housewife	e, even ti rection)	INDUSTRY	Baltimore. Ma	bre lyre	U.S.A.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN N.	AME	U.D.R.		
Abgust Runge			Unknown				
15. WAS DECEASED EVER I	N U. S. ARMED FORCES?	16. SOCIAL	17. INFORMANT	ADI	DRESS		
(11 year,	give war or dates of service)	SECURITY NO.	James Hoover -625 N. Decker Avenue				
No	No	None		Decker A	Venue		
1601	1		OF DEATH		ONSET AND DEATH		
LEADIN	CONDITION DIRECTLY	1 44	MAN HILL	O- i.	NO AT		
heart failure, asther	n the mode of dying, e. ia, etc. It means the disea tion which caused deat	se,	ter + 1 cleo	rii -	1/201 -		
ANTECE	DENT CAUSES	-	· 0 1/ . +	-			
		(B) arlly	of Hyperla	um -			
RISE TO THE ABOVE	NDITIONS, IF ANY, GIVE E CAUSE (A) STATING T	NG DUE TO COULD	uio stelerum				
UNDERLYING CO	NDITION LAST.	(C) 12i	alkely me	lulur	_		
OTHER SIGNIFIC	II ANT CONDITIONS CO	. 61	111.	-H. 1.			
TRIBUTING TO THE	DEATH, BUT NOT RELAT R CONDITION CAUSING	ED CHURING	. Phreminen	amuy -			
19A. DATE OF OPERA		R FINDINGS OF OPER	ATION		20. AUTOPSY?		
					YES NO		
21A. ACCIDENT WA		ACE OF INJURY (e. g., in		If in Baltimore City, giv			
LYING OR CONTR	RIBUTING   about bome	, farm, factory, street, office bldg., e	otc.) INJURY OCCUR?				
21D. TIME (Month)	(Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	Y OCCUR?			
INJURY	INJURY WHILE AT NOT WHILE						
m.   WORK   AT WORK							
22. I hereby certify that I attended the deceased from your 1951, to way 73, 1957, that I last saw th							
deceased alive on	, 1957	and that death occur		he causes and on the			
23A. SIGNATURE	2001: 9T. 15	ellellen -	3B. ADDRESS	1 4 1 5	23c. DATE SIGNED		
24A. BURIAL, CREMA-	24B. DATE	24c. NAME OF CEMETE	RY OR CREMATOR 1 24D. L	N DOD			
ION, REMOVAL (Specify)	# 0.4 #m				(Diate)		
Burial		Moreland Memor			ADDRESS		
LOCAL RECEIVED BY	REGISTRAR'S SIGNAT	The second of the second	25. FUNERAL DIRECTOR		ADDRESS		
MAY 2/1331	Thurtington	I IN A WAYARD IN BALL	Frederick D. Mill	er, Inc 3019 N	Monument St.		

Frederick D. Miller, Inc 3019 Monument St.



A. Baltimore City, Maryland

1. NAME OF DECEASED (Type or Print)

3. PLACE OF DEATH:

B. FULL NAME OF

Burial

V S 151

DATE RECEIVED BY

MAY 271351

51 4729 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE JUNIUS BLAKE OF May 23, 1951 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE Manual and
B. COUNTY before admission) A. STATE Maryland Maryland Balto City

	STITUTION			location)	C. CITY OR TOWN (If	outside corporate lin	nits, write RURAL and giv
3	STITUTION	Johns Hopkin	s Hospi	ital	Baltimore	10-	0 2 township
				Yrs.	D. STREET ADDRESS (If	rural, give location)	
C	ngth of s	tay in Baltimore	28 Y	re. Mos. Days	814 W. North	Gay St.	
5	-CX	6. COLOR OR RACE		E. MARRIED,	8. DATE OF BIRTH	9. AGE (In years	If Under I Year   If Under 24 Hour
	Male	Colored	Wid	Owed	June.18. 1891	59	Months Days Hours Min
work	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
	Labor		In Co	neral	Essex Co. Va		TT S
13	FATHER'S				14. MOTHER'S MAIDEN N		TUAL A
	Wi	lliam	Blake		77.		
15	. WAS DECEASE	D EVER IN U.S. ARMEI	FORCES?	I 16. SOCIAL	17. INFORMANT	own	
		(If yes, give war or date	s of service)	SECURITY NO.		Edgemear	
	No				Nellie Ranson	2507 Sper	nore Ave
	18.	2211		CAUSE	OF DEATH	•	INTERVAL BETWEE
	DISEAS	E OR CONDITION	DIRECTLY	A	: 7		
	(This does	LEADING TO DEA	TH of dying, e.	Arter	iosclerotic Cardi	ovascular D	isease
	heart failu	re, asthenia, etc. It mea complication which o	ns the diseas	se,			***************************************
	,			., 502 15			
		ANTECEDENT CAUS	SES				
Z	DISEASES OR CONDITIONS, IF ANY, GIVING						
의	RISE TO T	HE ABOVE CAUSE (A)	STATING TH				
A	ONDERE	TING CONDITION LA	IST.	(C)	***************************************	*****************	
2		11					THE RESERVE OF THE PARTY OF THE
븬	OTHER S	II IGNIFICANT CONDI	TIONS CD	4-			
CERTIFICATION	TRIBUTING	TO THE GEATH, BUT	NDT RELATE	0			
2				FINDINGS OF OPER	ATION		20. AUTOPSY?
اد	.on. DATE O	· Or Ellization	00, 111, 10 011				YES NO
A	214 FYTERN	NAL CAUSE WAS	1 21B. PLA	CE OF INJURY (e. g., in	or 21c. WHERE DID (I	f in Baltimore City.	give exact location)
EDICAL	UNDERLYIN	G OR CONTRIB-		arr), factory, street, office bldg., e			, 8170 0.000 00000000,
Σ	210. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
B	OF INJURY		m.	WHILE AT NOT WHILE			
H.	y				Inspect	ion & Ina	
	Z2. I certif	y that I took char	ge of the	remains described a	bove, held an Inspect	Inspection or Inquiry	thereon and from
	the evi	dence obtained by ath in my opinion	said Auto	psy, Inspection or I	nquiry, find that said de	eceased died on t	the day stated above
	23A. SIGNAT	TURE	1/	^			
	XX	anlen.	1.1	Venlachene	238. CHIEF MEDICAL I ASSISTANT MEDICAL I D. MEDICAL INVESTIGAT	EXAMINERX	ay 23, 1951
24	A. BURIAL, C	REMA- 248. DATE		24C. NAME OF CEMETE	RY OR CREMATORY   24D. LO	OCATION (City, tow	n, or county) (State)
	N. REMOVAL (S	nonity					,

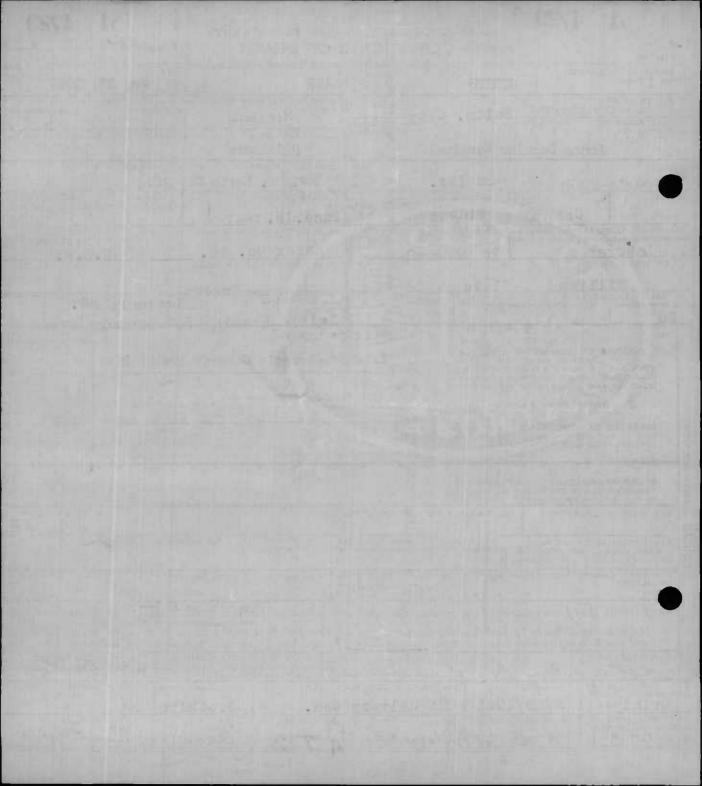
Mt Calvery

Cem.

25 FUNERAL DIRECTOR

Brooklyn

But ave



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4730

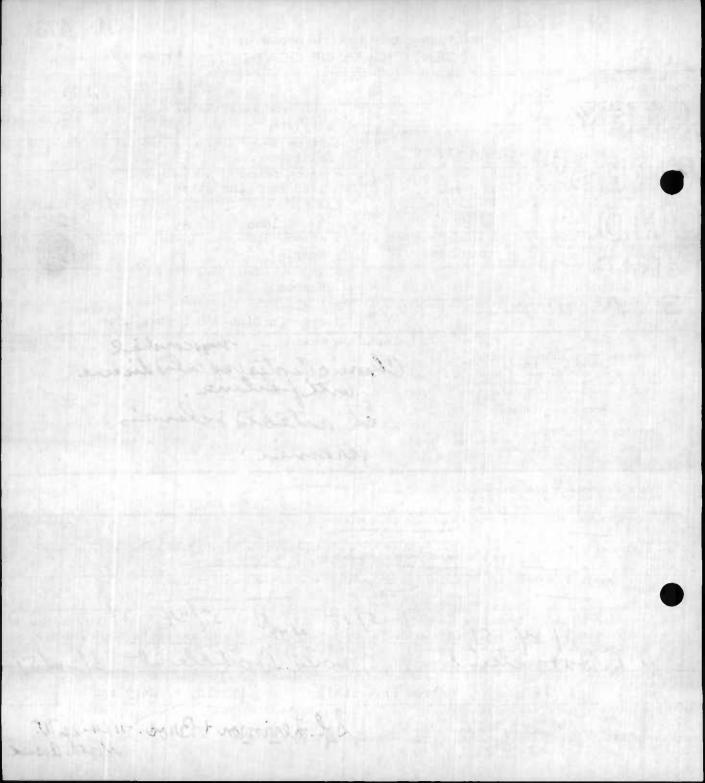
Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF James Thomas Bloxom DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence Maryland Balto City
(If not in hospital or institution, give street address or A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF Maryland HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION TO29 Madison Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos gth of stay in Baltimore 40 Yrs. 1029 Madison Avenue Days 9. AGE (In years last birthday) | If Under 1 Year Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH II Under 24 Hours Male Widowed April.23.1903 Col. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? Janitor Apt. House Accomac Co. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Bloxom Yanl Saw 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mary Fosker 312 Myrtle Avenue INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES CERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE! m. AT WORK WORK 22. I hereby certify that I attended the deceased from , that I last saw the 16)/, and that death occurred at 10 m., from the causes and on the date stated above. deceased alive on\_ 23A. SIGNATURE 23B-ADDRESS 23C DATE SIGNED 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY Burial 5/26/I95I Arbutus Mem. Park Baltimore Md DATE RECEIVED BY UNERAL DIRECTOR LOCAL REGISTRAR

& where I have )

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LTIMORE	CITY	HEALTH	DEPARTMENT		_, _,
CEPTI	FICA	TE OF	DEATH	Registered No	

BIR	TH NO.			CERTIFICAT	E OF DEAT	TH	Registere	d No	
1.1	NAME OF D	ECEASED	MILLS			4	2. DATE.		
	pe or Print)	CELIA			OF Ma	y 25,195	51		
3. F	Baltimore (	City, Maryland	4. USUAL RESID	4. USUAL RESIDENCE (Where deceased lived. If institution: residence as STATE B. COUNTY before admiss					
B. F	ULL NAME		,						
	TITUTION	4613 Park He	Baltimore	N (If ou	itside corporate li	mits, write RI	JRAL and give township)		
c.	ngth of s	stay in Baltimore	60 yr	Yrs. Mos. Days	D. STREET ADDR				
5. 8	EX	6. COLOR OR RACE	7. SINGLE	MARRIED	8 DATE OF BIRT	Ή !	9. AGE (In years	If Under 1 Year	If Under 24 Hours
	emale	white		ED, DIVORCED (Specify	186	56	last birthday)	Months: Days	Hours Min.
10A work d	. USUAL OC oneduriog most of NOUSEW	CUPATION (Give kind of of working life, even if retired) 11 e		of Business or home	Russia	(State or fore	ign country)	12. CITI: WHA USA	ZEN OF
13.	FATHER'S N				14. MOTHER'S MA	AIDEN NAM	1 E		
		known			Unknown				
15. (Yes,	WAS DECEASI	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT George Core	dish-93	8 Brooks	ADDRESS Lane	
ERTIFICATION	OTHER S	ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA	F ANY, GIVIN STATING TH ST. TIONS CON	G (B)	niclade interior artes cremia	i) 50	lers:	<b>5</b>	
0 -		F OPERATION 1		FINDINGS OF OPE	RATION				AUTOPSY?
DICAL		0						YES	No
ш	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., arm, factory, street, office bldg.			in Baltimore Cit	y, give exact	location)
Σ	21D. TIME (	(Month) (Day) (Year)	(Hour) 2	TE. INJURY OCCURE	ED 21F. HOW DIE	D INJURY C	OCCUR?		
	INJURI	-	m.	WORK NOT WHILE			7		
	22. I hereb	y certify that I att	ended the	deceased from 5/	18 .196	1/to 5	124 .19	S. that I	last saw the
_	deceased al	live on S		and that death occu		., from the	causes and or		
	23A. SIGNA	Atomo	lein	м. р.	2048	ide	le st	3/2	ATE SIGNED
24A TION	REMOVAL (S Burial	REMA: 248. DATE (Specify) 5/27/51	2	Hebrew Friend			more, Mar		(State)
LOC	E RECEIVE	D BY REGISTRAR	SIGNATU	RE Minus, M.	26. FUNEFOL DIE		Bros.	ADDRES	7 -
NAD	Yv2 150 3	3			Mr. Dan	THUT !	ישטעוייי	11-+1	0.0.



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

_							
1. (T	NAME OF D Type or Print)	Ronal	1.7.	cken		2. DATE OF DEATH	w 26.1951
	PLACE OF D	City, Maryland	LPIL	4 (1)	4. USUAL RESIDENCE		ditution residence before admission)
В.	FULL NAME		tal or institution,	give street address or	mg.	anne	arrends
	OSPITAL OR	THOS STAR.	NS HOSPITAL	location)	c. CITY OR TOWN	If outside corporate limits,	write RURAL and give township)
-		IVAND DUFAL	NO EMPLIYAT	Yrs.	D. STREET ADDRESS (	If rural, give location)	
c.	Length of s	stay in Baltimore		Mos. Days	829 100	20+ 5+	5210
	SEX	6. COLOR OR RACE			8. DATE OF BIRTH		Under I Year   ii Under 24 Hours   ths: Days   Hours   Min.
M	Zale	white	Sun	a la comp	12-18-50	Jast off thuay)	11
orl	A. USUAL OC	CCUPATION (Give kind of working life, even if retired	10B. KIND OF	USINESS OR INDUSTRY		foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME			14. MOTHER'S MAIDEN	Md.	y.SA.
	4.	DIST.	about		14. MOTHER'S MAIDEN	M. I A	1
15	. WAS DECEAS	ED EVER IN U. S. ARME	D FORCES?   16	SOCIAL	17. INFORMANT	Morgoox	DRESS
X es	s, no or unknown)	Olf yes, give wer or dat	on of service)	SECURITY NO.	10MM8	OPKINS MOSPITHI	DICESS
	18. 0/	19.2		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	SE OR CONDITION		2.1		1	ONSE! AND DEATH
	neart Iailu	s not mean the mode are, asthenia, etc. It me	of dying, e.g.,	(A) //////	my respective		
	injury or	complication which	caused death.)	DUE TO	Reunlous H	nemingitis	
,		ANTECEDENT CAU	SES	(8)			
2	RISE TO T	S OR CONDITIONS. THE ABOVE CAUSE (A)	STATING THE	DUE TO	•••••••••••••••••••••••••••••••		*****
5	UNDERLY	YING CONDITION L	AST.	(C)	oroo on a contraction of the con		
		11					
2	OTHER S	GIGNIFICANT COND	ITIONS CON-				
3	TO THE O	ISEASE OR CONDITION	N CAUSING IT.	NDINGS OF OPER	ATION		
7	TONI DATE O	SI GI ENATION 7	TOB. MAJOR 11	NDINGS OF OFER	ATTON		YES NO
5		ENT WAS UNDER.	21B. PLACE	OF INJURY (e. g., In ectory, street, office bldg., e	or 21c. WHERE DID	(If in Baltimore City, gi	
N L	CAUSE OF	DEATH					
	NJURY	(Month) (Day) (Year	(Hour) 21E.	INJURY OCCURRI		RY OCCUR?	
			m. wor	RK AT WORK			
		y certify that I at			5-22, 195), to	5-26,1951,	that I last saw the
	23 M SIGNA	live on 3-10	_, 1901 and		red at 5 5 m., from	the causes and on the	e date stated above.
	robe	MEXKE	Action	h M. B.	ionus populi	IS EUSPITAL	5126/51
24	4A. BURIAL, (S SN. REMOVAL (S	Specify)  MAN 29	\$151 24c	NAME OF CEMETE	RY OR CREMATORY 240.	LOCATION (City, town, o	or county) (State)
	ATE RECEIVE		S SIGNATURE	16.	25. WERAL DIRECTOR	06	ADDRESS
1	MAY 271	951	47.7	Manual (F)	00-12-7M2]d	Hont Son U	morosi /
	VS 150			به او مشر	U		133
							100

gurlo ( D. Tubl. 2. THE RESERVE OF THE PROPERTY OF THE PARTY OF September 1

21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or

(If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB. about home, farm, factory, street, office bldg., etc.)

UTING CAUSE OF DEATH. Cumberland, Maryland Home 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED

OF INJURY Nov. 1949 Beaten by father

22. I certify that I took charge of the remains described above, held an Autopsy Autopsy, Inspection or Inquiry

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [X undetermined []

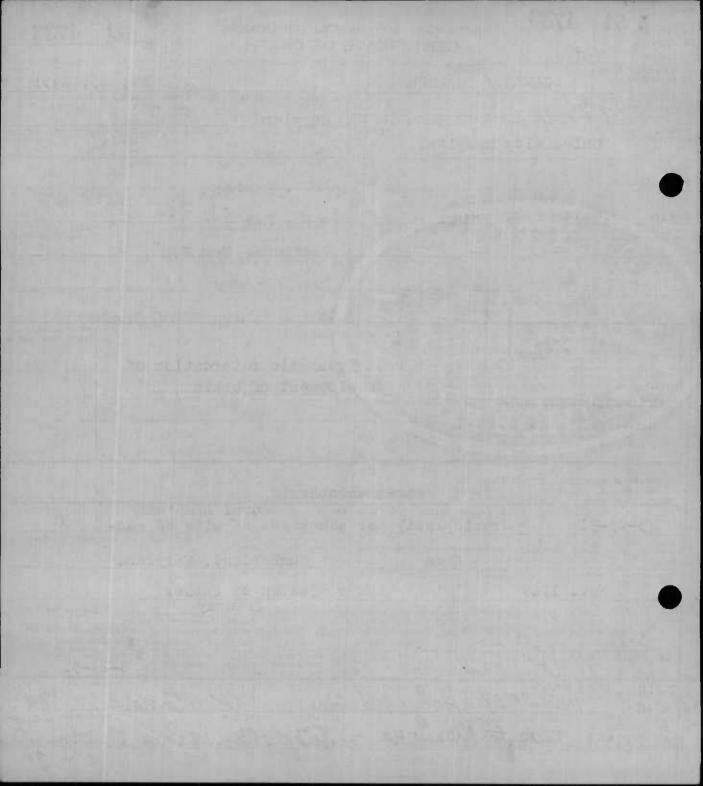
X 23c. DATE SIGNED 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER .... ASSISTANT MEDICAL EXAMINER .... 5-25-5] MEDICAL INVESTIGATOR

24A. BURIAL, CREMA- 24B. DATE

FION, REMOVAL Specify

25 FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR

thereon and from



5	1	4	7	3	4

BIRTH NO.	CERTIFICATI	E OF DEATH	Registered N	0
1. NAME OF DECEASED (Type or Print)	0		2. DATE OF M	. 01-191-1
3. PLACE OF DEATH:  A. Baltimore City, Maryland /2007  B. FULL NAME OF (If not in hospital or instit HOSPITAL OR	allest St. ution, give/street address or location)	4. USUAL RESIDENCE (V A. STATE	DEATH Where deceased lived. If is B. COUNTY Outside corporate limits	Howard
Little Sisters of to	le Pose	Tizoo	dotosh	township)
c. egth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	300
Male White 7. SING	LE. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH Dec. 25 1849		Under 1 Year II Under 24 Hours nths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  Patrick MC Lane		14. MOTHER'S MAIDEN N.	AME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Little Sister	sof the Goar	DORESS 1206 Valley &
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused des	Y .g., (A)	of DEATH Nonic My oca	xrdilis	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES  Z O DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	(B)	Terio Pcles	osis	10415
OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	TED			
19A. DATE OF OPERATION A 19B. MAJO	R FINDINGS OF OPER	ATION		20. AUTOPSY?
	LACE OF INJURY (e. g., in te, farm, factory, street, office bldg.,		If in Baltimore City, g	ive exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
22. I hereby certify that I attended th	ne deceased from M	ay 1- , 1951, to 9	nay 25, 1951	, that I last saw the
deceased alive on May 25, 1951  23A. SIGNATURE & GUE Hall		3B. ADDRESS		23c. DATE SIGNED  May 25 /93/
24A. BURIAL, CREMA. 249 PATE TION, REMOVAL (Specify) May 28/5	24C. NAME OF CEMETE		OCATION (City, town,	
DATE RECEIVED BY REGISTRAR'S SIGNAL LOCAL REGISTRAR	TURE	25. FUNERAL DIRECTOR	deleld 900	ADDRESS BeddleSt
VS 150		4726	0	000

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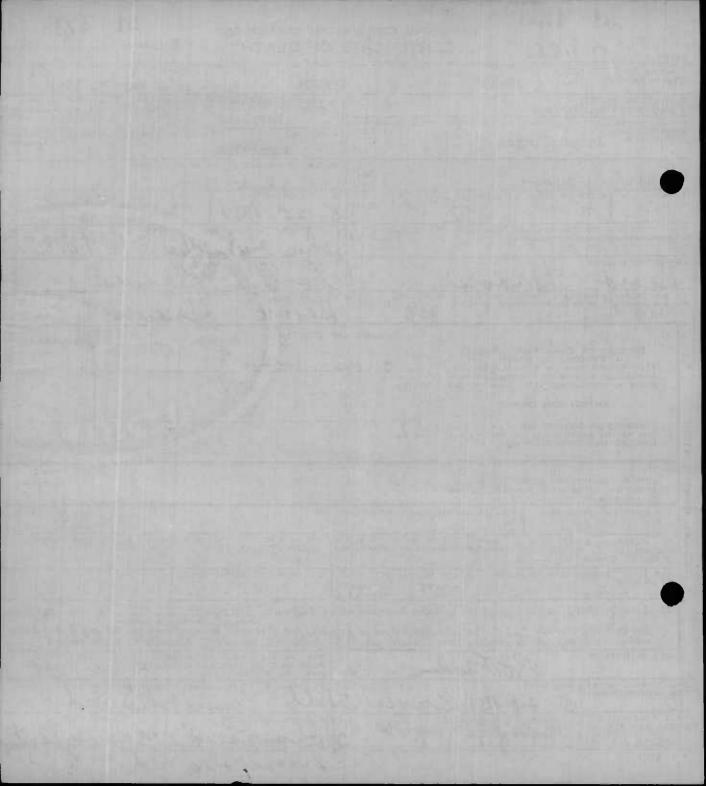
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Yes (1942)

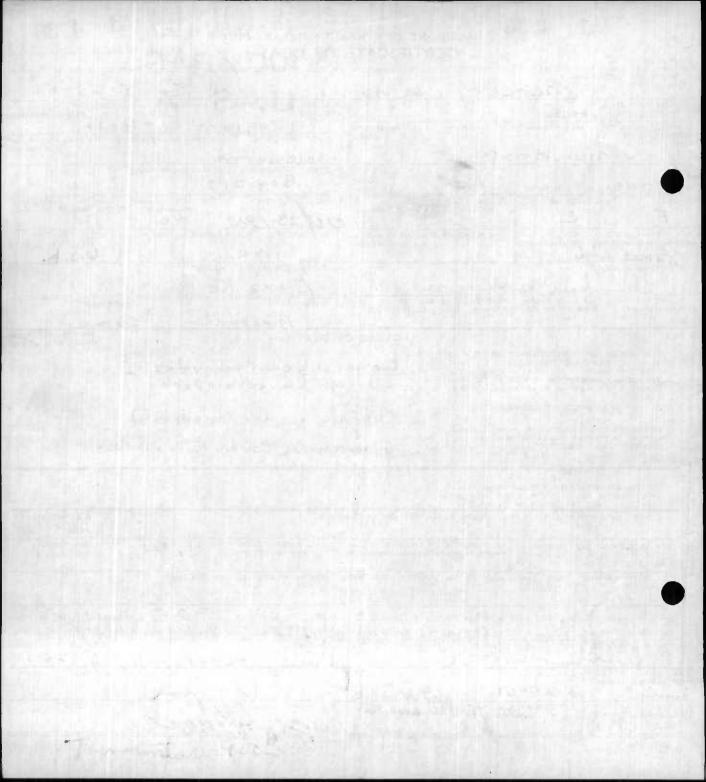
51 4735

Registered No\_

1. NAME OF E	ECEASED			2. DATE
(Type or Print)	JAMES		GRAVES	OF May 25, 1951
3. PLACE OF E			4. USUAL RESIDENCE (W	There deceased lived. If institution: residence
B. FULL NAME	OF f not in hospital or instituti	on give street address or	A. STATE Maryland	B. COUNTY before admission)
HOSPITAL OR		location)		outside corporate limits, write RURAL and give
INSTITUTION	Johns Hopkins		Annapolis	township)
		Yrs.	D. STREET ADDRESS (If	rural, give location)
ngth of s	stay in Baltimore	Mos. Days	5 Dorsey P	lace
Male	1 2010100	MARRIED, ED, DIVORCED (Specify)	5 - 20 - 1951	9. AGE (In years If Ender I Year If Under 24 Hours last birthday) Months Days Hours Min.
ork done during most	CUPATION (Give kind of of working life, even if retired)	OF BUSINESS OR	1. BINTHPLACE (State or f	reign country) 12. CITYZEN OF 19 HAT COUNTRY?
130FATHER'S	NAME /		14. MOTHER'S MANDEN NA	AME A
10 m	se Alanes	) (	Txxi.	X n Aug s
15. WAS DECEAS	D EVER IN U. S. ARMED FORCES?	16. SOCIAL	10 NEORMANT	ADDRESS
Yes, no or unknown	(If yee, give war or dates of service)	SECURITY NO.	Longe,	ADDRESS
18.			OF DEATH	INTERVAL BETWEEN
DISEA (This doe heart fail	SE OR CONDITION DIRECTLY LEADING TO DEATH s not mean the mode of dying, e. g ure, asthenia, etc. It means the disease complication which caused death	(A)Ictern	us neonatorum	ONSET AND DEATH
	ANTECEDENT CAUSES			
RISE TO UNDERL	S OR CONDITIONS, IF ANY, GIVIN THE ABOVE CAUSE (A) STATING TH YING CONDITION LAST.  II SIGNIFICANT CONDITIONS CON S TO THE DEATH, BUT NOT RELATE	(C)		
	SIGNATE OF CONDITION CAUSING IT			
19A. DATE (	DF OPERATION 198. MAJOR	FINDINGS OF OPER	ATION	20. AUTOPSY?
UNDERLYIN	NAL CAUSE WAS  IG OR CONTRIB.  CAUSE OF DEATH.	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	21c. WHERE DID (I	f in Baltimore City, give exact location)
21D. TIME OF INJURY		THILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJURY	OCCUR?
22. I certi	fy that I took charge of the	remains described a	bove, held an Autop	Sy thereon and from
the ev	idence obtained by said Auto eath in my opinion resulted for	psy, Inspection or I rom: natural causes	inquiry, find that said de	Inspection or Inquiry ceased died on the day stated above, □, homicide □, undetermined □.
23A. SIGNA		P-	23B. CHIEF MEDICAL E ASSISTANT MEDICAL E .D. MEDICAL INVESTIGATE	EXAMINER 23c, DATE SIGNED
24A. BURIAL,			RY OR CHEMATORY 240. LO	OCATION (City) town, or county) (State)
DATE RECEIVE LOCAL REGIST	D BY REGISTRAR'S SIGNATURE	thiams, Mall	25 FUNERAL DIRECTOR	es I 108 Washingtast
V S 151	5. 20° Apr. (Apr.)	+ 20 ml		



	TY HEALTH DE		Registered No	4/36	
BIRTH NO.					
I. NAME OF DECEASED  Type or Print)  Mercer, Le-	na		OF 5	25-51	
B. PLACE OF DEATH:  A. Baltimore City, Maryland	A. STATE	RESIDENCE (Where	deceased lived. If in	stitution : residence before admission	
s. FULL NAME OF (If not in hospital or institution, give street a HOSPITAL OR NSTITUTION	ddress or location) C. CITY OF	R TOWN (If outsi	de corporate limits,	write RURAL and giv	
3 Umiu. Hosp.	Gl	erraym		township	
e. Ogth of stay in Baltimore	Yrs. D. STREET	Boy 210	, give location)	5300	
6. COLOR OR RACE 7. SINGLE (MARRIED, WIDOWED, DIVORCED	(Specify) 8. DATE 0			nder   Year   If Under 24 Hour ths: Days   Hours Min	
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINES: INI	S OR 11. BIRTHE	PLACE (State or foreign	country) 1	2. CITIZEN OF WHAT COUNTRY	
SFATHER'S NAME	14 MOTHE	R'S MAIDEN NAME		U.J. A.	
9 1	13	1/ 1	1.		
15. WAS DECEASED EVER IN U, S. ARMED FORCES?   16. SOCIAL		MM3 Kel	7		
(es, no or unknown) (If yes, give war or dates of service) SECURIT	Y NO. 17. INFOR			DRESS	
		Husband.	23.	INTERVAL BETWEEN	
27//	AUSE OF DEAT	Н		ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		- 1 Ham	1 0		
		ed Hemor			
injury or complication which caused death.) DUE TO	- Uremic E	ucephalop	stuy	COLUMN TO STATE	
ANTECEDENT CAUSES					
(B) Chronic Glomer Mone phrilis					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	,		7 .		
UNDERLYING CONDITION LAST.	typertension	e CzydioVz	Sc. DISCAS	<b>E</b>	
OTHER SIGNIFICANT CONDITIONS CON-					
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION   19B. MAJOR FINDINGS O	The second second second			20. AUTOPSY?	
				YES NO	
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, c		HERE DID (If in Y OCCUR?	Baltimore City, gi	ve exact location)	
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY C	CCURRED 21F. H	OW DID INJURY OC	CUR?		
INJURY WHILE AT	OT WHILE				
22. I hereby certify that I attended the deceased fro	m 4-18-	1951/to 5-	25 1951	that I last saw th	
deceased alive on 5. 25, 1951, and that dear	th occurred at 111	Am., from the co	auses and on the	e date stated above	
23A. SIGNATURE	23B. ADDRES			23c. DATE SIGNED	
1 authorities	M. D. Vui	1- 400	7 .	5-28-51	
24A. BURIAL, CREMA- NON, REMOVAL (Specify) 5-28-51	CEMETERY OR CREM	ATORY 24D. LOCA	TION (City, town, o	or county) (State)	
	M. E. I 250 EUNER	RAL DIRECTOR		ADDRESS	
DATE RECEIVED BY REGISTRAR'S SIGN TORE	Thor	H Sockols	or		
VS 150	100	1303 P-1	towar	- X	
Balana hendleidig		1000 1000	7971	1313	



24A. BURIAL, CREMA-

DATE RECEIVED BY

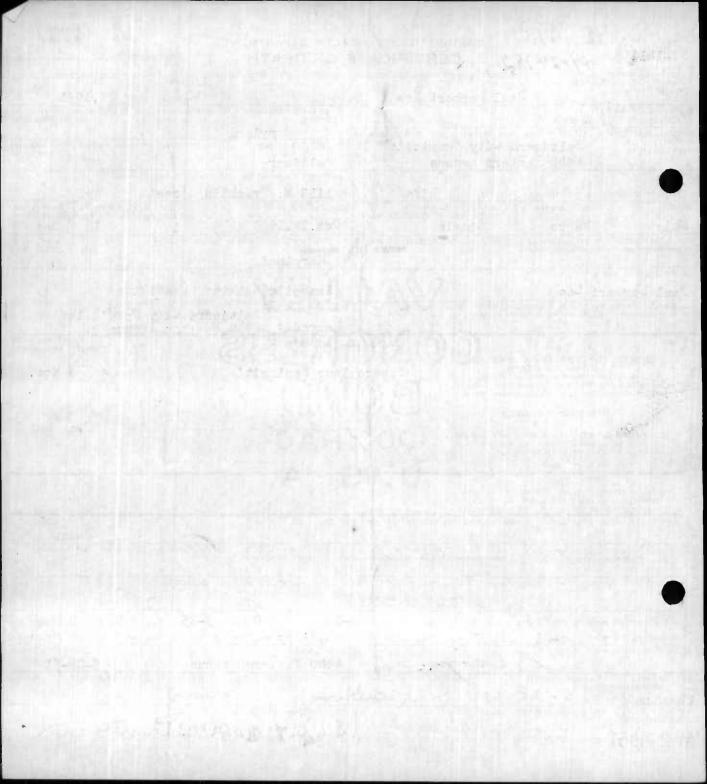
LOCAL REGISTRAR

w f. Kills of BO3 Freshman

ADDRESS

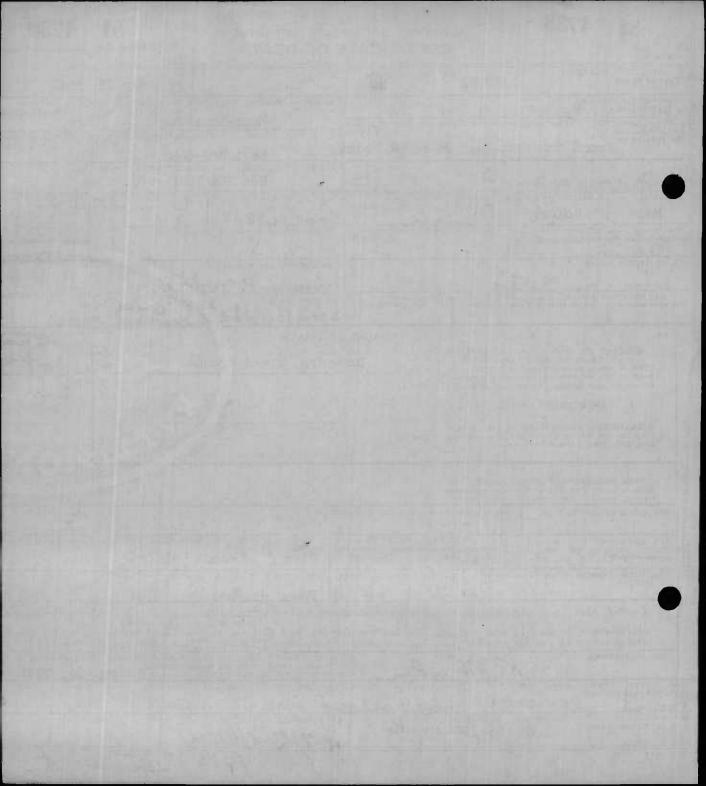
44c. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county)

75. FUNERAL DIRECTOR



51 4738 Registered No.

В	RTH NO.						
(7	NAME OF DEC		ARTHUR	N.	COSTA	2. DATE OF May 2	4, 1951
Α.	Baltimore Cit	ty, Maryland			A. STATE	ENCE (Where deceased lived, If i	nstitution : residence before admission)
B.	FULL NAME OF	f of not in hospita	al or institution, g	ive street address locatio	)	sachusetts	192
	CTITUTION	und drowned	Pier #6		II C. CITT OR TOWN	(If outside corporate limits	, write RURAL and give township
	10	rana arownea	, 1 161 #0		LELS	st Freetown	
				Yr: Mo		SS (If rural, give location)	
		y in Baltimore		Da	Box	x 288 Braley Rd.	
E	EX 6	COLOR OR RACE	7. SINGLE, MA	RRIED.	8. DATE OF BIRTH		Ender I Year   It Under 24 Homs ths: Days   Hours   Min.
	Male	Colored	W BOWLE, E	la (Spec	mal-11 19		ichs: Days Hours: Mill.
10	A USUAL OCC	JPATION (Give kind of	108. KIND OF		11. BIRTHPLACE (S		12. CITIZEN OF
Wor	110-	rorking life, even if retired)		INDUST	RY		WHAT COUNTRY
13	FATHER'S NA				14. MOTHER'S MA	DEN NAME	N.2141
		a +			- MAINTIER S MA	DEN NAME	
15	JOHN STEERS	n. Cost	d		mary t	noure	
(Ye	e, no or unknown)	EVER IN U. S. ARMED (If yes, give war or dates	FORCES? 16.	SOCIAL SECURITY NO	17. INFORMANT	L 288 Bralus	DRES
					John B. Co	Na to entress	mand
	18. F. G.	200		CAUSI	E OF DEATH		INTERVAL BETWEEN
	DISEASE	OR CONDITION	DIDECTIV	CAUS!	- OI DEATH		ONSET AND DEATH
	L	OR CONDITION EADING TO DEAT	TH	D	rowning, found	drowned f	
	heart failure	ot mean the mode of, asthenia, etc. It mea	of dying, e.g.,	(A)			
	injury or co	omplication which c	aused death.)	DUE TO			
	A:	NTECEDENT CAUS	SES				
				(B)	*****		
6	DISEASES O	OR CONDITIONS, IF	F ANY, GIVING	DUE TO			
E		NG CONDITION LA					
S				(C)			
CERTIFICATION	071177 010	11					
F		NIFICANT CONDITION THE DEATH, BUT					
Щ		EASE OR CONDITION	CAUSING IT.				
	19A. DATE OF	OPERATION 19	B. MAJOR FINI	DINGS OF OP	ERATION		20. AUTOPSY?
A							YES NO
EDICAL		L CAUSE WAS	21B. PLACE O	FINJURY (e. g	g, etc.) INJURY OCCUP		ve exact location)
U		USE OF DEATH.	Harbor	Foun	d Pier #6,	Locust Foint	24 1
Σ	21D. TIME (Me	onth) (Day) (Year)	(Hour)   21E. I	NJURY OCCUP		INJURY OCCUR?	
	OF INJURY	Panke	WHILE		LECT _		
			m.   WORK				
	22. I certify	that I took char;	ge of the remo	iins described	above, held an		thercon and from
	the evide	ence obtained by	said Autopsy.	Inspection or	Inquiry, find that	utopsy, Inspection or Inquiry said deceased died on the	day stated above.
	and deat	h in my opinion	resulted from:	natural caus	ses 🗌, accident 🗓, s	suicide 🔲, homicide 🔲, un	determined [].
	23A. SIGNATU	RE	201	0			. DATE SIGNED
		1	SATIS	Ken -	M.D. MEDICAL INVE	STIGATOR 1	ay 26, 1951
	A. BURIAL, CRE		24c. N	NAME OF CEME	TERY OR CREMATORY		
1-	Surial Spec	5-30-	51 200.	IT BOLL	med man	mach	
DA	TE RECEIVED	BY   BECIETDADIC	CICNIATURE	- 12 ray	25 FUNERAL DIRE	CTOR	ADDRESS
	CAL REGISTRA	R	ton I Villian	AND MADE	1 / m on 1/2	17.1/4	12
	1AT Z / 13	A Merening		[ ]	10991 NE	yuson	182.
				The second second			
V	S 151	V-990x		122 6	,-	1303 Treeston	- A



### 51 4739

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	1100	
Registered	No.	

BIKITI NO.		
1. NAME OF DECEASED (Type or Print) SYLVIA MILLST	EIN 2. DATE OF DEATH V- 2	7-5-1
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY	tution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OF (In the property of the		rite RURAL and give
INSTITUTION & Juice House	Maltimore 11-0	township)
Yrs.	D. STREET ADDRESS (If rigal, give location)	DL
c. Length of stay in Baltimore 28	223 West / restore	Ser
S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) Months	1 Year If Under 24 Hours Days Hours Min.
10A. USUAL OCCUPATION (Givekindot 10B. KIND OF BUSINESS OR FOR JONE OF BUSINESS OR INDUSTRY		CITIZEN OF WHAT COUNTRY?
youse wife	1 orano	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	y weak	
(Yes, color unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT Milletein - ADDE	we
18. 331X CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	- den-al homeral	about-
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	Jan	400005
injury or complication which caused death.) DUE TO		recent
ANTECEDENT CAUSES	sertemive arterio	recurrent
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	sole Hani	attack.
UNDERLYING CONDITION LAST. (C)	7000000	4-days
<u> </u>		1.
OTHER SIGNIFICANT CONDITIONS CON-		
TO THE DISEASE OR CONDITION CAUSING IT.		
194. DATE OF OPERATION 0 198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., Lying or Contributing about home, farm, factory, street, office bidg.	in or 21c. WHERE DID (If in Baltimore City, give	
CAUSE OF DEATH		
O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR		
m.   WORK AT WORK		
22. I hereby certify that I attended the deceased from		
deceased alive on 11951, and that death occu		3c. DATE SIGNED
Herman Elecdel M.D.	2404 EN Law 7	5/27/51
TION, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or	county) (State)
Junial 1-2 1 1/11 Ca	ruel Hallo	ma
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	Vany 7 : de 7 - 57	TOURESS PO
MAY 27/1951 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	fuelly course 2100 ou	
VS 150		83a

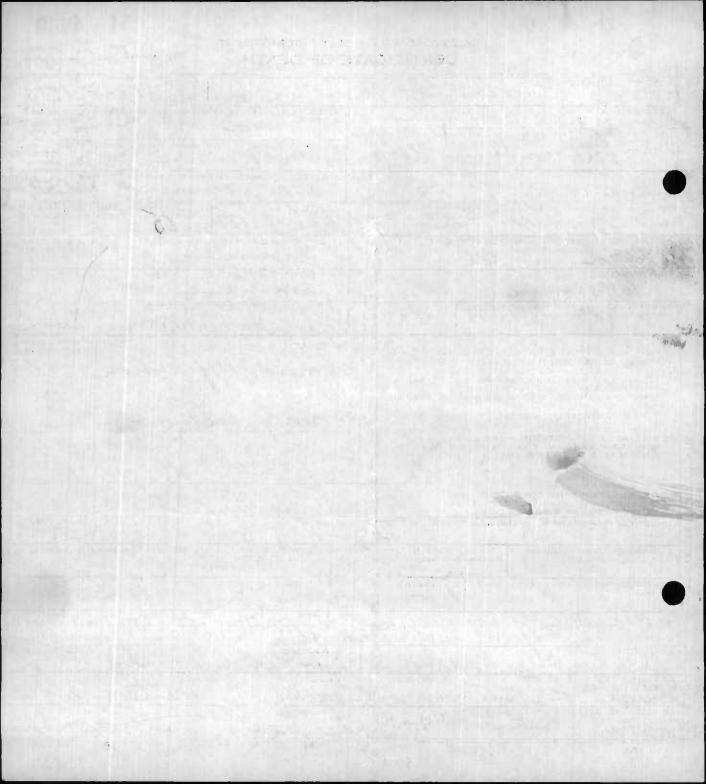
414 13 Your neights and ATTIVA and make the property of the state of the st

### BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO	<b>3</b>		CERTIFICAT	E OF DEATH	Registered	i No.
1. NAME (Type or P	OF DECEASED H	ackem	ran He	man &	2. DATE OF DEATH	-26-1957
A. Baltim	of DEATH: ore City, Maryland	Bueti	more	4. USUAL RESIDENCE	E (Where deceased lived, B. COUNTY	If institution: residence before admission)
HOSPITAL INSTITUT	OR	n Iqua	ion, give street address or location)  Horp.	c. CITY OR TOWN Bacti	(If outside corporate lin	mits, write RURAL and give township)
c. Length	of stay in Baltimo	re one	day. Yrs. Mos. Days	- 0	(If rural, give location)	- Rd
5. SEX	ec Whe	∠ WIDOW	E, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
10A. USUA	AL OCCUPATION (Give la remost of working life, even if re	tired) 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
13. FATHE	Kalma	<i>m</i> –	(1)	14. MOTHER'S MAID		
15. WAS DI Yes, no or un	ECEASED EVER IN U.S. A	RMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	eKorniati 4	ADDRESS
hear inju	LEADING TO is does not mean the m rt failure, asthenia, etc. I rry or complication wh  ANTECEDENT GEASES OR CONDITIO E TO THE ABOVE CAUSE DERLYING CONDITIO	ode of dying, e. 1 t means the diseas ich caused death CAUSES  NS, IF ANY, GIVIN (A) STATING TE	(B)	ronary	occlusion	1
W TRI	HER SIGNIFICANT CO BUTING TO THE DEATH, THE DISEASE OR COND	BUT NOT RELATE	ŁD .			
A	ATE OF OPERATION		FINDINGS OF OPER		Is in Polainers Cia	y, give exact location)
HOMIC	CCIDENT, SUICIDE, CIDE (Specify)	about home, f	ACE OF INJURY (e. g., i arm,factory,street,office bldg.,	n or 21c. WHERE DID etc.) INJURY OCCUR?		y, give exact location;
	IME (Month) (Day) ( JURY		21E. INJURY OCCURR WHILE AT ONT WHILE WORK AT WORK			
decea	hereby certify that scd alive on Samura	attended the	and that death occur	7. 25 ,19 7,6 rred at 2 30 m., fr		Tthat I last saw then the datc stated above.  23c. DATE SIGNED
24 BUF	NIAL, CREMA- 24B. DA	7-47	24C NAME OF CEMETE	endship 2	Pallo Ballo	ald
		AR'S SIGNATE	Miams, Mis	ack Lewes	NA 2100 6	6 ADDRESS
110	150	Serie Contract	13 11 - 1 4 4 4 1 1 SE	4	<b>6-4</b>	

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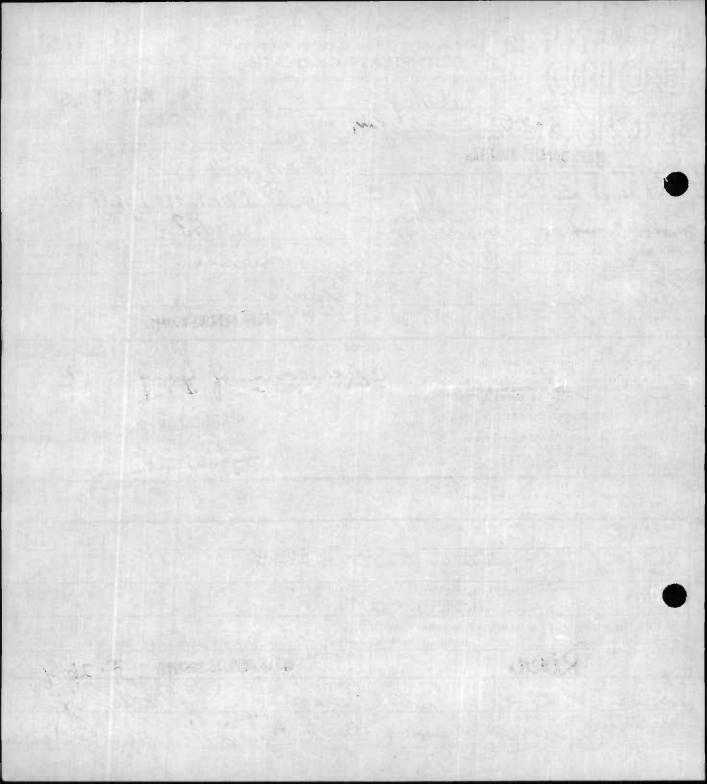
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

		40	-
Registered	No		
Tac Protect Cot	2117	 -	

BIRTH NO.	OZITI TOTTI			
1. NAME OF DECEASED PHILIP	Nitz	BERG	2. DATE OF DEATH	
3. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDENCE (	Where deceased lived. If inst B. COUNTY	itution : residence before admission)
B. FULL NAME OF (If not in hospital or institut HOSPITAL OR INSTITUTION The Mount.	ion, give street address or location)		if outside corporate limits, w	rite RURAL and give
c. Length of stay in Baltimore	Ho Wrs.	D. STREET ADORESS (1	rural, give location)	St
male white me	E, MARRIED, (ED, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) Months	
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country) 12.	CITIZEN OF WHAT COUNTRY?
Jaule Jaule	Prop. (R)	14. MOTHER'S MAIDEN I	NAME	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Ves, no or unknown) (1f yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Jaroh Meta	lerg - D	Pour
18. 196X	CAUSE	OF DEATH	1	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. the heart failure, asthenia, etc. It means the disease injury or complication which caused death	e,	cisonatore	is Jewelzy	3 lus
ANTECEDENT CAUSES		igs, skull, long	bones)	(over)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.				
OTHER SIGNIFICANT CONDITIONS COINTING TO THE DEATH, BUT NOT RELATION TO THE DISEASE OR CONDITION CAUSING	N. <i>D</i>	welvist As	Munduna	10 yrs
19A. DATE OF OPERATION 0 19B. MAJOR				YES NO
21A. ACCIDENT WAS UNDER-   21B. PL.	ACE OF INJURY (e. g., farm, factory, street, office bldg.,		(If in Baltimore City, give	exact location)
Z. TIME (Month) (Day) (Year) (Hour)	2 IE. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		RY OCCUR?	
22. I hereby certify that I attended the	deceased from He	secy 1 1951, to	luay 27, 198/, t	
deceased alive on May 27, 1951, 23A. B. GNATURE BAUSER Chrism		23B. ADDRESS	the causes and on the calls /Ken	3c. DATE SIGNED
246 BURIAL, CREMA- 24B. DATE TICK, REMOVAL (Specify)	24C NAME OF CEMETE		LOCATION (City town, or	
DATE RECEIVED BY REGISTRAR'S SIGNATURE MAY 27135	Ta Williams es	29. FUNERAL DIRECTOR	De 2100 6	town Pl
VS 150	5966	4 / 8 0 -		47)

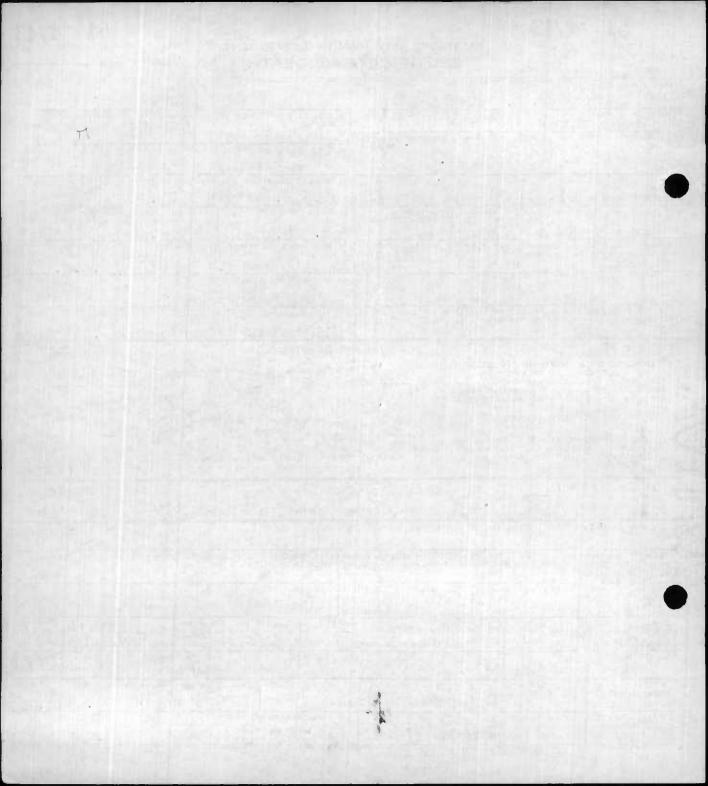
3706 Noche Deck Danie R Robinson 2835 Organs Flo Marin 11a. 4 See Document File 51-4741 6/12/51

med	Exam.	Case	-Relias	ul 5 th	26	
241			LTIMORE CITY H	EALTH DEPARTMENT	S1. Registered No	4742
BIRTH NO.			OLIVIII IOIVI	L OI DLAIII		
1. NAME OF D (Type or Print)	Abe	> 5	okoloff		2. DATE OF DEATH	26 1951
a. Baltimore (	City, Maryland	oa	acct les	4. USUAL RESIDENCE (	Where deceased lived, If in B. COUNTY	stitution: residence before admission)
B. FULL NAME HOSPITAL OR			tion, give street address o location	\	If outside corporate limits.	tunito DITRAT and sim
NOTITUTION	SEE GOLYT	is hospital		BAltim	27-	16 township
	. T. I.		Yrs. Mos.	D. STREET ADDRESS (I	f rural, give location)	1- 0
5. SEX	tay in Baltimore	E 7. SINGL	E. MARRIED.	I 8. DATE OF BIRTH	3/KHE19/	TS HVC.
male	white	-ma	WED, DIVORCED (Specify	)	9. AGE In years II Un ast Wrthday) Mont	hs Days Hours Min.
10A. USUAL OC work done during nost of	CUPATION (Give kinds working life, even if retire	of 10B. KINI	D OF BUSINESS OR	11. BIRTHOLACE (State or	foreign country) 1:	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S N	IAME	100	othing	14.MOTHER'S MAIDEN N	-a-	
Mee	124/		0(4)	Talia	AME	
(Yes, no or unknown)	D EVER IN U. S. AR! (If yes, give war or d	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANJOLIS &	DEING VARDON ADE	DRESS
100 11					TOWN BONNING	
	E OR CONDITION	DIRECTIV		OF DEATH		ONSET AND DEATH
	LEADING TO DE	ATH	E., (A)	arcinoma.	of Luna	3
neart failu	re, asthenia, etc. It n complication which	leans the diseas	se, h.) DUE TO	***************************************		***************************************
	ANTECEDENT CA			CF	DTICIOATA	Po Million
Z O DISEASES	OR CONDITIONS	IF ANY, GIVI	(B)		RTIFICATION APPROV	ED BY
RISE TO T	HE ABOVE CAUSE (	A) STATING T	HE DUE TO	21	VATE-0	
FICA			(C)	GHI	EF OR ASST ASS	EM. D.
OTHER S	II IGNIFICANT CON	DITIONS CO	N•		MAKE SHORESH TOOK SU TE	IR ER.
[t] TRIBUTING	TO THE DEATH. BU	T NOT RELATI	ED IT			
19A. DATE O	F OPERATION	19B, MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
	ENT WAS UNDER		ACE OF INJURY (e. g.,		(If in Baltimore City, give	e exact location)
CAUSE OF	CONTRIBUTING	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
NJURY (	Month) (Day) (Ye		21E. INJURY OCCURR		Y OCCUR?	
		m.	WHILE AT NOT WHILE AT WORK			
deceased al	y certify that I o			, 19, to		that I last saw the
23A. SIGNAT			and that death occur	238. ADDRESS.	the causes and on the	date stated above. 23c. DATE SIGNED
1	Ruse	ll.	м. д.	HILB BOPL	188 108 PATH	126-51
24A. BURIAL, C TION REMOVAL (S		-17	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (Sy, town, or	county) (State)
I most a message		R'S SIGNATIL	IRE	25 FUNERAL DIRECTOR	3 A acco	DDRESS
MAY 27	1951 15mile	water 11	Minus, Mat (	Jack Devi	1 per 2100	Sectional
VS 150			690/4	G		470



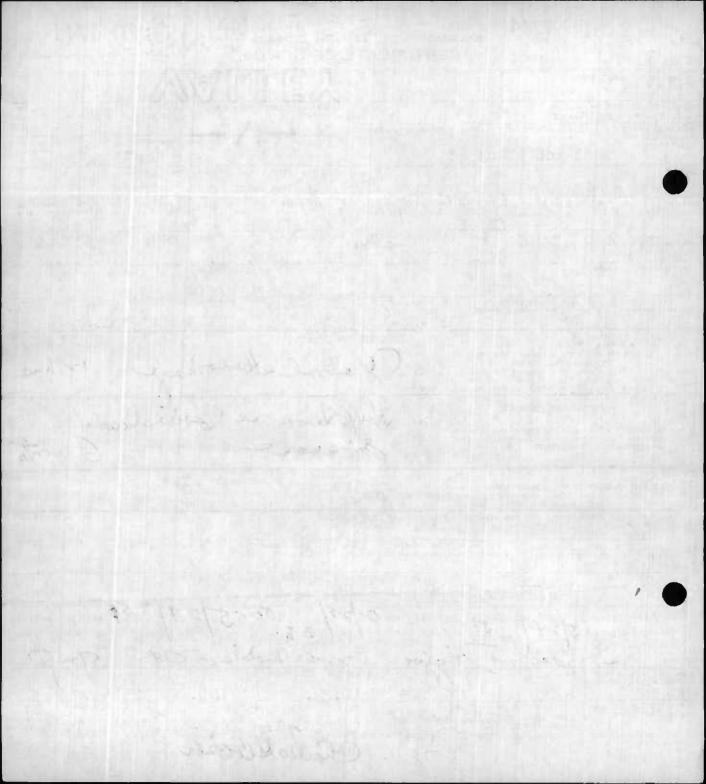
Registered No.

BIKIH NO.				
1. NAME OF DECEASED (Type or Print) Margaret R. McCormic	k		2. DATE OF DEATH MAJY	25 1051
8. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (W	here deceased lived. If	f institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give st HOSPITAL OR	reet address or location)	Maryland		
INSTITUTION 505 E. Gittings St.	location)	c. CITY OR TOWN (If	57 11	ts, write RURAL and give township)
	Yrs.	D. STREET ADDRESS (If I	rural, give location)	
c. Length of stay in Baltimore Life	Mos. Days	505 E. Gitti		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIE WIDOWED, DIVO	ED.	8. DATE OF BIRTH		If Under 1 Year If Under 24 Hours onths: Days Hours: Min.
female white Married	(Openia)	Feb. 24.1893	587779	Days Hours Mill.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUS		11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF
work dooeduring most of working life, even if retired) HOUS ewife	INDUSTRY	Poltimana Ma		WHAT COUNTRY?
13. FATHER'S NAME		Baltimore Md.	RA C	U.S.A.
		14. MOTHER 3 MAIDEN NA	VAI C	
Thomas Young		unkn	own	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unkoowo) (If yes, give war or dates of service) SEC	URITY NO.	17. INFORMANT	A	DDRESS '
no no		William P. Mc	Cormick 50	SE.Gittings
18. 420.1.	CAUSE	OF DEATH	,	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1		7	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	· (/cu	te Comany C	colusion	20-20 min
heart failure, asthenia, etc. It means the disease,		77	Λ	
injury or complication which caused death.) DUE	ТО	~ N 41		~ b.
ANTECEDENT CAUSES	(an	yang Cintery all	ar Silveis	5-8%.
Z DISEASES OR CONDITIONS, IF ANY, GIVING		ff f		
RISE TO THE ABOVE CAUSE (A) STATING THE DUE	TO 6 -	1016107		C 1h
UNDERLYING CONDITION LAST.	) voer	ma respondens	en	5-10 h
IL CONTRACTOR OF THE PROPERTY	7.1	///////////////////////////////////////		
OTHER SIGNIFICANT CONDITIONS CON-	Obysi	15 11	, /	20.30 %
TRIBUTING TO THE DEATH, BUT NOT RELATED	Collini	Mushulan anto (2	In Toxii)	20-308
TO THE DISEASE OR CONDITION CAUSING IT	SE OF ORES	ATION		
J ISA, BATE OF OPERATION O TSB. MAJOR PINDING	35 OF OPER	ATION		20. AUTOPSY7
21a. ACCIDENT WAS UNDER.   21B. PLACE OF IN	LIURY (e.g. i	o or   21c, WHERE DID (I)	f in Baltimore City.	YES NO
LYING OR CONTRIBUTING about home, farm, factory, about Louise of Death	street, office bldg.,	INJURY OCCUR?	in paromore Ony,	)
7. TIME (Month) (Day) (Year) (Hour)   21E. INJU	RY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
INJURY m. WHILE AT WORK	NOT WHILE			
22. I hereby certify that I attended the deceased	from	1948 19 to 5	-25-51,19	_, that I last saw the
deceased alive on \$205/19, and that	death occur	red at 12:15 Am., from th	ic causes and on t	he date stated above.
23A. SIGNATURE	2	3B. ADDRESS	11	23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAM	M. D.   E OF CEMETE	RY OR CREMATORY   24D. LC	OCATION (City, town	
	Cathedr		Frederick	
DATE RECEIVED BY REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS
MAY 271991 " mutic story lollian	MA ALAMA	KRAUGE QUNERAL	HOME 121	6S.CharlesSt
VS 150	Later Section 1			^ /



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2			CERTIE	CATE	OF DEAT	Н	Registere	d No	
BIRTH NO.			CLITTI	IOAIL	OI DEAI	11,			
I. NAME OF D	ECEASED			SAT FOR			2. DATE.		
(Type or Frint)	.To	SEPH	MATTH	RUS			OF DEATH 5/	1 94/57	
A. Baltimore	City, Maryland				4. USUAL RESID	ENCE (W			: residence fore admission
B. FULL NAME	OF (If not in hospit	al or instituti	on, give street		Md				
HOSPITAL OR				location)	C. CITY OR TOWN	V (If	outside corporate li	mits, write RI	
00	2451 McC u	lloh S	t		BALTIMOR	RIE	13	- () m	township
				Yrs.	D. STREET ADDR	t-d-d	ural, give location		
c leth of s	tay in Baltimore		T.TFE	Mos.	2451 Ma	OTITE T	מתרות כתוחם - TIC	1	
5. SEX	6. COLOR OR RACE	7 SINGLE	MARRIED.	Days	B. DATE OF BIRT	CULL(	9. AGE (In years		II Under 24 Hours
	O. GOLON ON NAGE		ED, DIVORCE		D. DATE OF BIRT	П	last birthday)	Months Days	Hours: Min
M	6	SINGL			4/25/190		43	6 6	
ork done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINES	SS OR IDUSTRY	1. BIRTHPLACE	State or for	reign country)	12. CITIZ	ZEN OF
PORTER		BARBE		DOOTIK.	BALTIMORI	R. MD		U.S.	T COUNTRY
13. FATHER'S N	NAME		20 02101		14. MOTHER'S MA		ME	10.0.	11.0
	A DE TETETO A	<b>BUILTING</b>							
	AMUEL G. MA	TTHE				FOUNT	ALN		
Yes, no or unknown)	ED EVER IN U, S. ARMEE (If yes, give war or date	s of service)	16. SOCIAL SECURI	TY NO.	7. INFORMANT			ADDRESS	ST
NO	NO		218-03-		SAMUEL G.	. MATT	THEWS (F) 2	2451 Mc	CULTOH
18. 44	3 \		C	AUSE O	F DEATH			INTER	VAL BETWEEN
DISEAS	SE OR CONDITION	DIRECTIV	,			11		DNSET	T AND DEATH
	LEADING TO DEAT	TH	(	L.	10	Home	ml .	1-	11.
heart failu	not mean the mode oure, asthenia, etc. It mea	of dying, e. g.	(A)	1	-vrac -		mage		nes
injury or	complication which c	aused death.	) DUE TO				Λ		
	ANTECEDENT CAUS	EC		11.	0 '		$\sim$ 0.		
,	, OAGO		(0)	Mulo	to	e (	a-roles/	). 0/	
DISEASES	OR CONDITIONS, I	F ANY, GIVIN	G (B)	M			0000	10000	***********************
UNDERLY	HE ABOVE CAUSE (A)	STATING TH	E DUE TO	N Y	044- 5			/	- 4
			(C)	0	seco.		***************************************	6	works.
OTHER S	II IGNIFICANT CONDI	TIONS CON							
TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D						
	F OPERATION 1			OF OPERA		-			
1 134. DATE	OF OFERATION O	9B. MAJOR	FINDINGS (	JF OPERA	ITON				AUTOPSY?
3		1						YES	L ND L
LYING O	R CONTRIBUTING		CE OF INJUR rm,factory,street,				in Baltimore Cit	y, give exact	location)
CAUSE OF	DEATH								
21D. TIME	(Month) (Day) (Year)	(Hour)   2	TE. INJURY	OCCURRED	2 IF. HOW DIE	INJURY	OCCUR?		
INJURY				NOT WHILE					
			WORK	AT WORK	21 8	-/ - 4	10.11	54	
22. I hereb	y certify that I, att		deceased fro	m 17	, 10	2, 60.5	12 4 , 19	that I	last saw th
deceased at	line on 5774/	, 1901	and that dea	th occurr	d/at 3 7 -m.	, from th	k causes and or	the date s	tated above
23A. SIGNA	TOPE 1	1	1.	23	. ADDRESS	1 . /	1	23c. DA	ATE SIGNED
1	~ laboh	1 may	tracer	M. D. 7	1743 huc	10-12.	m Chil	1.57	W751
24A. BURIAL.		2	40 AME DE	CEMETER	OR CREMATORY	24D. LO	CATION (City, to	wn, or county)	(State)
FION, REMOVAL (S		7 ,	-CU	RETURE T	D1-	DATE	no doinin	7770777	
BURIAL	5/28/5	10.0	REUTUS	MEM'I		BALI	LO. COUNT	Y:MD.	
DATE RECEIVE	RAR REGISTRAR	SOIGNATU	Lauted M.	100	5. FUNERAL DIR	RECTOR		ADDRES	S
WITT 2	Thursday	ANI I WELD	or der transporter in 1 a fine	~	CHAS . G .	COOPI	IR-512 CA	RROLLT	ON AVE
VS 150	- (		U		A P	100	7		
V3 130		, , ,	700	00	Line les A	LUON-	2ev	a.	2 1)
			100	-				10	2

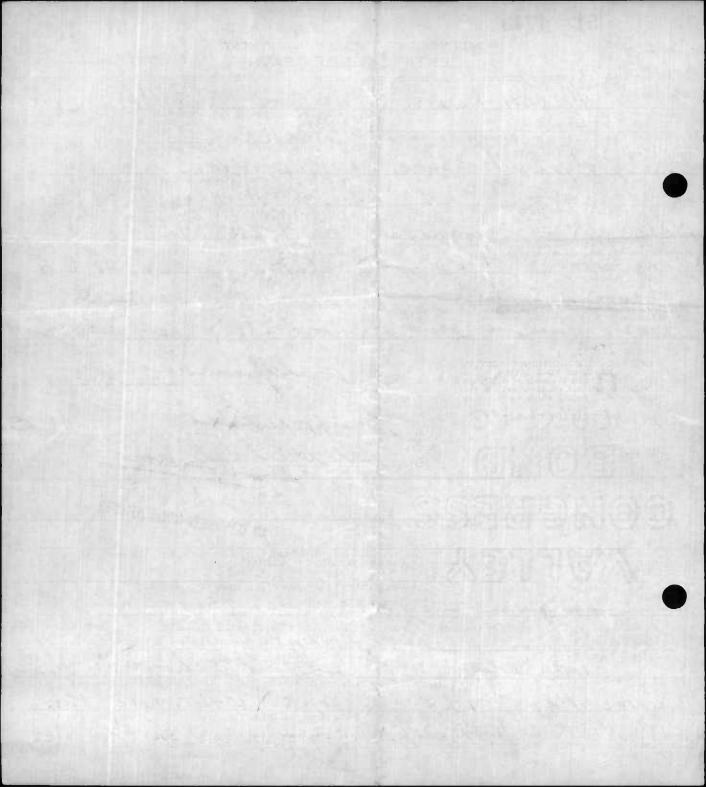


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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

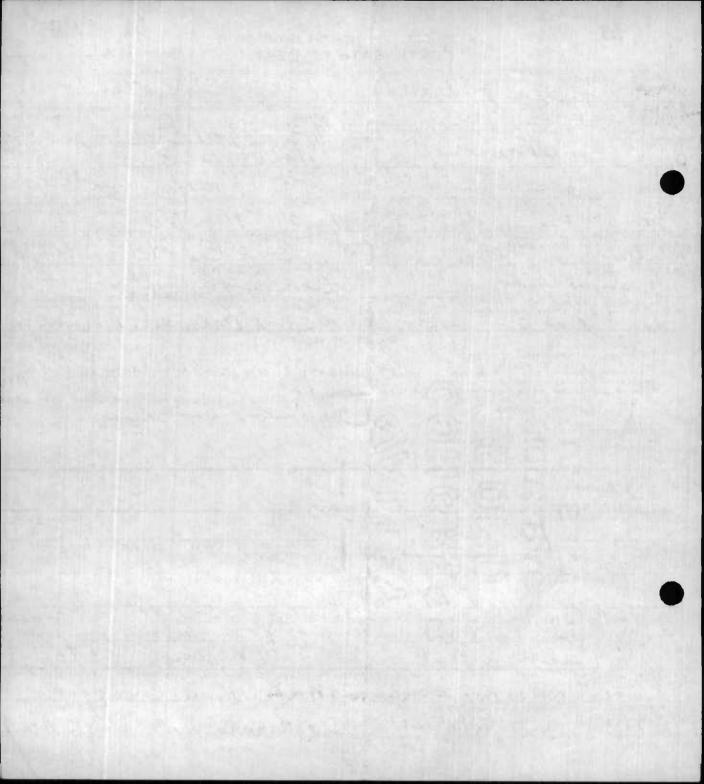
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) HIRAM Louis 1	Soston 2. DATE OF DEATH MAY 24, 1951
3. PLACE OF DEATH!  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	MARYLAND
HOSPITAL OR location)	C. CITY OR JOWN (If outside corporate limits, write KUKAL and give
D ST. HONES HOSPITAL	BALTIMORE 25-5 LOWNShip)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Bength of stay in Baltimore 70 Mos.	3010 HIGHMAN AUE.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months; Days IHours; Min.
MALE White Widowed	Nov. 7 1875 75
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR ork done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
GANG FOREMAN TELEPHONE CO.	Ohio WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Michael Boston	Elizabeth Wastman
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
Yes, no or unknown) (If yes, give war nr dates of service) SECURITY NO.	CARRIE Boston 2217 Booth St.
	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	retrustementinge
heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	y hortensini
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	(1) right Soling and 10
(c)	NEDICH DAY
11	1/10. Marly
OTHER SIGNIFICANT CONDITIONS CON-	Office of the Committee
TO THE DISEASE OR CONDITION CAUSING IT.	A MONANIA TANANIA TANA
19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	V8 03
21A. ACCIDENT WAS UNDER-   21B. PLACE OF INJURY (e.g., i	n or 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	
P. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?
INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last saw the
	rred at 3:13 Pm., from the causes and on the date stated above.
23A. SIGNATURE 2	23B. ADDRESS 23C DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	132 11 12000
TION, REMOVAL (Specify)	TO IN POSTA MI
DATE RECEIVED BY I REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	0 101 1 11 11
HI Z / 155   White and the color of the colo	GED. LI JEHWAD 2101 FREDERICK
VS 150	do Hue
	834



# DAdd

DAdd X 51	4746
BALTIMORE CITY HEALTH DEPARTMENT	4/40
CERTIFICATE OF DEATH Registere	d No.
1. NAME OF DECEASED	/ - /
(Type or Print) OF DEATH	26/5-/
A. Baltimore Gity, Maryland  A. Baltimore Gity, Maryland  A. STATE / B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give/street address or MA	alteriore
HOSPITAL OR INSTITUTION location) C. CITY OR TOWN Contact li	mits, write RURAL and give township
Yrs. D. STREET ADDRESS! (If part), give location	E A
Mos. 555 h ast tores	mel Cel
5. SEX   6. COLOR DR RACE   7. SINGLE, MARRIED.   8. DATE OF BIRTH   9. AGE (in years	
MARRIE D. WIDOWED, DIVORCED (Specify) Men 20, 189/ last birthday)	Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of tops: 10B. KIND OF BUSINESS OR INDUSTRY) work done during most of working life, even if retired)	12. CITIZEN OF
Platter ("Rown Cork + SEAL Col Dallo Md.	WHAT COUNTRY
13. FATHER'S NAME CORIK PRO (n) 14. MOTHER'S MAIDEN DAME	
Desse Falligle	S
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, to or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT	ADDRESS
No NONE 215-05-6380 MRS. Anna DAdd 5556	HSh boyen & Ra
18. 540.0	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	25 da
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	2 4/5
injury or complication which caused death.) DUE TO	200
Z ANTECEDENT CAUSES (B) Reall Pulmonery cong	<u></u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CDN-	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY2
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g., in or   21c. WHERE DID (If in Baltimore Cit	y, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that yattended the deceased from 5-24-5/19, to 5-26/3,19	), that I last saw th
deceased alive on 1/2 6/ , 193/. and that death occurred at 45 pm., from the causes and or	n the date stated above
23A. SIGNATURE	23c. DATE SIGNED
24A. BURIAL, CREMA-1 24B. DATE 24C. NAME OF CEMETERY DR CREMATORY 24D. LOCATION (City, to	wn, or county) ( (State)
TION REMOVAL (Specify)	4 11
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS
MAY 277957 touter Williams, Milliams, Milliams	LERICK AUE
VS 150	
690 32	117a



4717 4747 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) angum DEATH 3. PLACE OF DEATH: A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland . STATE A B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN Af outside corporate limits, write RURAL and give INSTITUTION township) invole Yrs. D. STREET ADDRESS (If rural, give location) Mos. LIFETIME high of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORPED (Specify) 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min. married 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY INDUSTRY HOUSEWORK HOME-13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN 18. 504.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

(If in Baltimore City, give exact location)

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21B, PLACE OF INJURY (e.g., in or 21c. WHERE DID

about home, farm, factory, street, office bldg., etc.)

INJURY OCCUR?

CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

WHILE AT NOT WHILE

1954, and that death occurred at 5 15 A m., from the causes and 22. I hereby certify that I attended the deceased from 5/10

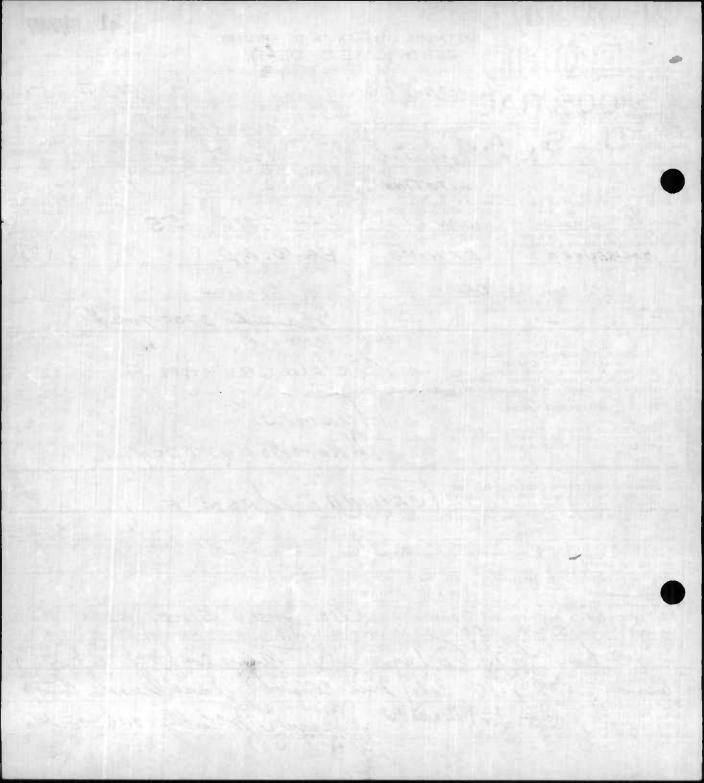
deceased alive on 5

24A. BURIAL CREMA-

ED

TION, BEMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR

VS 150



IMMACULATE CONCEPTION

25. FUNERAL DIRECTOR

LAWRENCE, MASS.

ADDRESS

REMOVAL

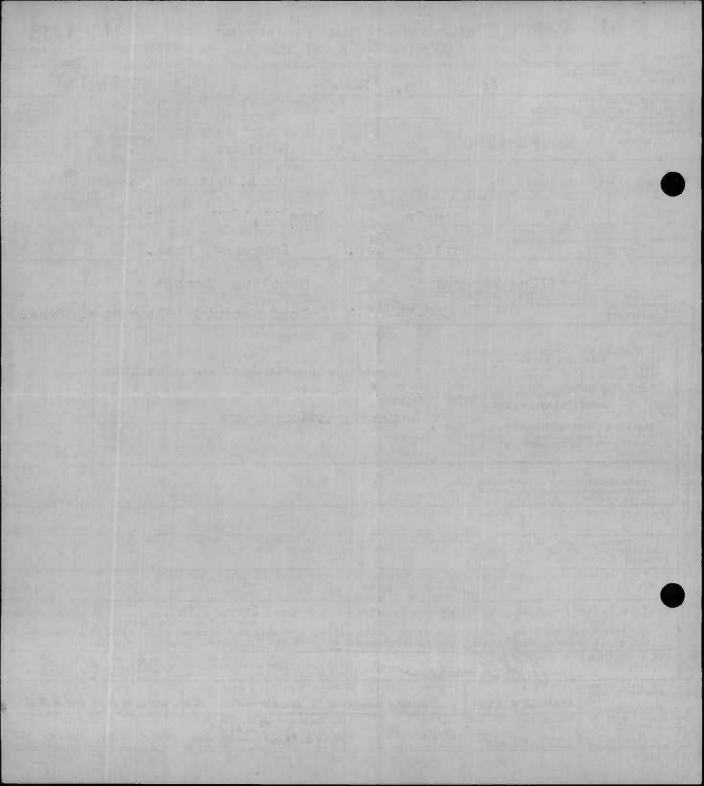
DATE RECEIVED BY

LOCAL REGISTRAR

21051

MAY 27, 1951

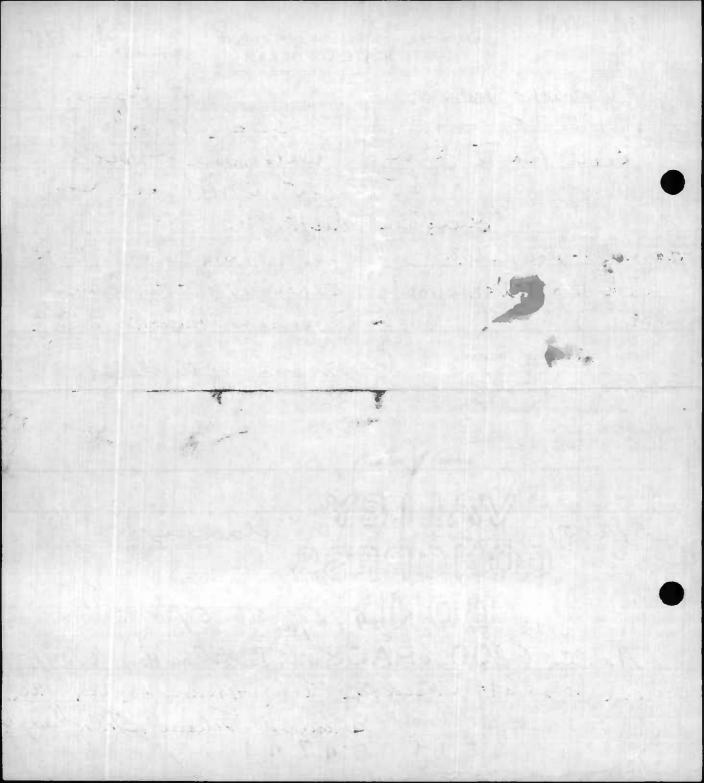
REGISTRAR'S SIGNATURE



51 4749

Registered No. 2. DATE War wuolis, Mathew DEATH 5-24-51 4. USDAL RESIDENCE Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY 'hofore admission) (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give township) null D. STREET ADDRESS (Merural, give location) Yrs. Mos. ngth of stay in Baltimore one Days 6. COLOR OR RACE 7. SINGLE, MARRIED, If Under 1 Year 9. AGE (In years) WIDOWED, DIVORCED (Specify last birthday) | Months Days | Hours Min. nere le 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF one during most of working life, ever ifretired) INDUSTRY armer - Louise RNIA 18. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) SECURITY NO. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA YES 218. PLACE OF INJURY g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK \_, 19 \_ that I last saw the 22. I hereby certify that I attended the deceased from. 10p m., from the causes and on the date stated above. deceased alive on 3/4 , 1951, and that death occurred at\_ 23A. SIGNATURE BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY REMOVAE (Specify) ADDRESS DATE RECEIVED BY 25. FUNERAL REGISTRAR'S SIGNATURE PRECTOR LOCAL REGISTRAP

VS 150



21E. INJURY OCCURRED

5- 27, 1951, and that death occurred at

5-25

25. FUNERAL DIRECTOR

24c. NAME OF CEMETERY OR CREMATORY

21F. HOW DID INJURY OCCUR?

1951, to 5-27, 1951, that I last saw the

m., from the causes and on the date stated above.

23c. DATE SIGNED

D. TIME (Month) (Day) (Year) (Hour)

deceased alive on\_

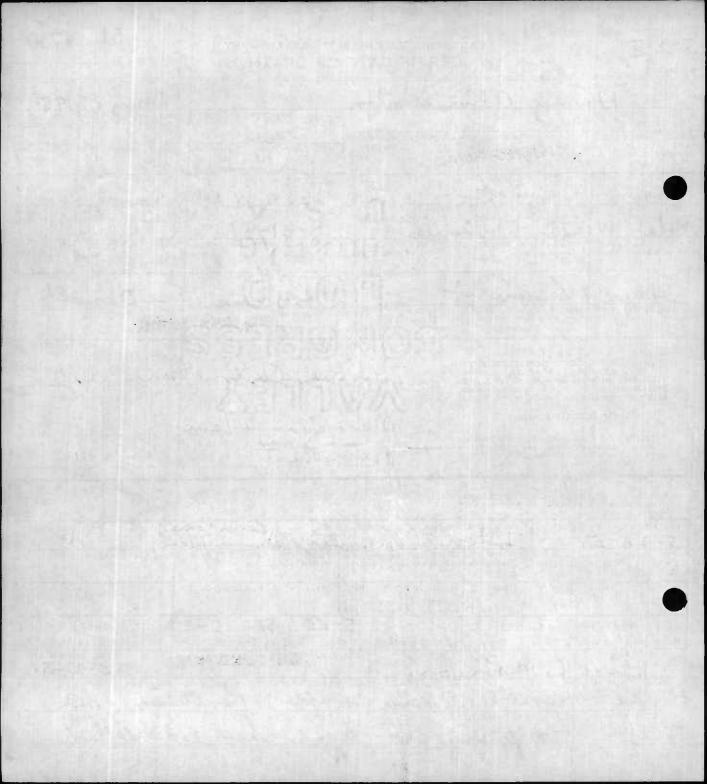
23A. SIGNATURE

24A BURIAL, CREMA-TION REMOVAL (Specify)

DATE RECEIVED BY

VS 150

22. I hereby certify that I attended the deceased from\_



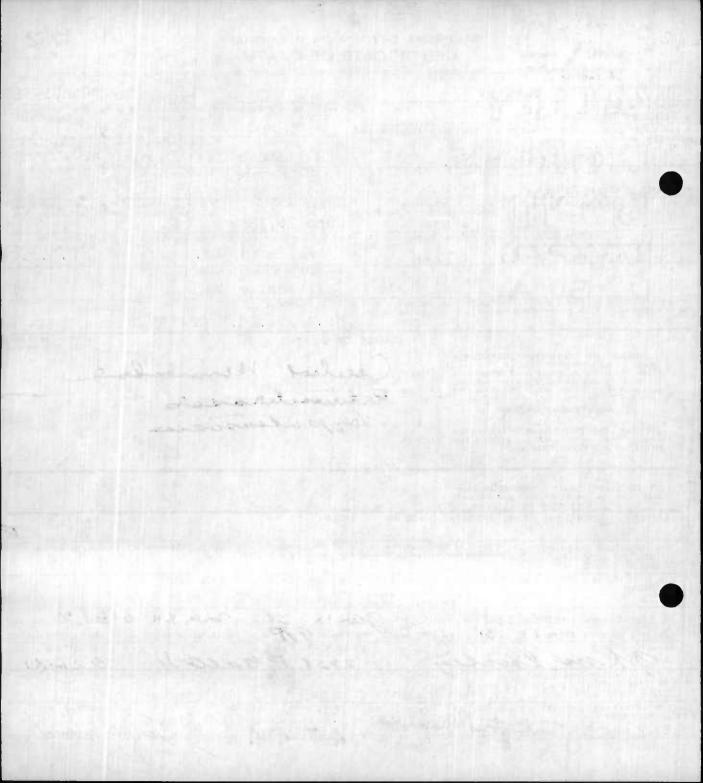
Registered	No.	

BIRTH NO.	ERTIFICATE	OF DEATH	are gastered 210	
1. NAME OF DECEASED (Type or Print)	Savage	4	2. DATE OF DEATH 5-20	5-51
3. PLACE OF DEATH: A. Baltimore City, Maryland Bal		. USUAL RESIDENCE (WE	ere deceased lived, If in B. COUNTY	stitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, HOSPITAL OR	1	CITY OR TOWN (If o	utside corporate limits,	write PUDAL and sim
INSTITUTION 8/1/8, Bond.	Street	Bolta-	md. 2-0	township)
	Yrs. D. Mos.	STREET ADDRESS (If re	ural, give location)	
c. Ogth of stay in Baltimore  5. SEX   6. COLOR OR RACE   7. SINGLE, W	Days Days	SH S. Bong	9. AGE (In years) If Un	der 1 Year   If Under 24 Hours
m. WIDOWED.	DIVORCED (Specify)	2-12-87	last birthday) Mont	hs Days Hours Min.
10A. USUAL OCCUPATION (Give kind of lob. KIND OF orly done during mayor of working life, even if retired)	BUSINESS OR 11	BIRTHPLACE (State or for	eign country)   1	2. CITIZEN OF
lire Recapper. Atmine	2-500	Ballo		2139
13. FATHER'S NAME Burie Savage C	RES (M)	MOTHER'S MAIDEN NAI	ME .	
15. WAS DECEASED EVER IN U. S. ARMED FOR ES? 16 [Yes, no or unknown] (11 yes, give war or dates of service)	S. SOCIAL 17	INFORMANT	ADI	DRESS (,,
(11 yes, give war or dates of service)	SECURITY NO.	nna savage	8118.13	and street -
18. / 5 / X	CAUSE OF	DEATH 0		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	I knevali	and ModuLT. 1	7	1
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO	ju mesuville	treinouc	144.
ANTECEDENT CAUSES	Ga. 1.	Ad. Car	1-1	7 5
DISEASES OR CONDITIONS, IF ANY, GIVING		adeno-Corlin	vicea Funders	Lyn.
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)			
D.	(0)			
OTHER SIGNIFICANT CONDITIONS CON-				
TO THE DISEASE OR CONDITION CAUSING IT.	***************************************			
19a. Date of operation   19b. Major fin	NDINGS OF OPERATI	ON		YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, f	OF INJURY (e. g., in or factory, street, office bldg., etc.)	21c. WHERE DID (II INJURY OCCUR?	in Baltimore City, giv	
21D. TIME (Month) (Day) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
m. WHILE				
22. I hereby certify that I attended the dec			25-,105/,	that I last saw the
deceased alive on 1, 19, and 23a, SIGNATURE		ADDRESS A	causes and on the	date stated above.
Polorum Meroman	M. D.	7424 Euta	w Clacs	5-78-57
	NAME OF CEMETERY	ORCREMATORY 24D. LO	CATION (City, town, or	county) (State)
Burral 5-29-51	Can 3	Jaun /	Saltenas -	md_
DATE RECEIVED BY REGISTRAR'S SIGNATURE MAY 281951	aura, Mos 7	Alle Back-	403 & Wal	Le Stut
MAX 428 33	69041	3/7	0	468

Stomansperman 2424 Ede pl. Alexander Totals La - 0430. 9 to 11 AM Ballo not 9-1/2-67 The the processed de Réconser de materie. 15006 and S Bran Sprage 8115 Acces Throating Workstin Goricomes 140 Sushie adan-Gelenius (Finder = Find Total Value of the state of the Home Mitres . 2474 Ected Star Ser -7 5 29-31 Cal Thurs Butter 8-6 The Till And I have

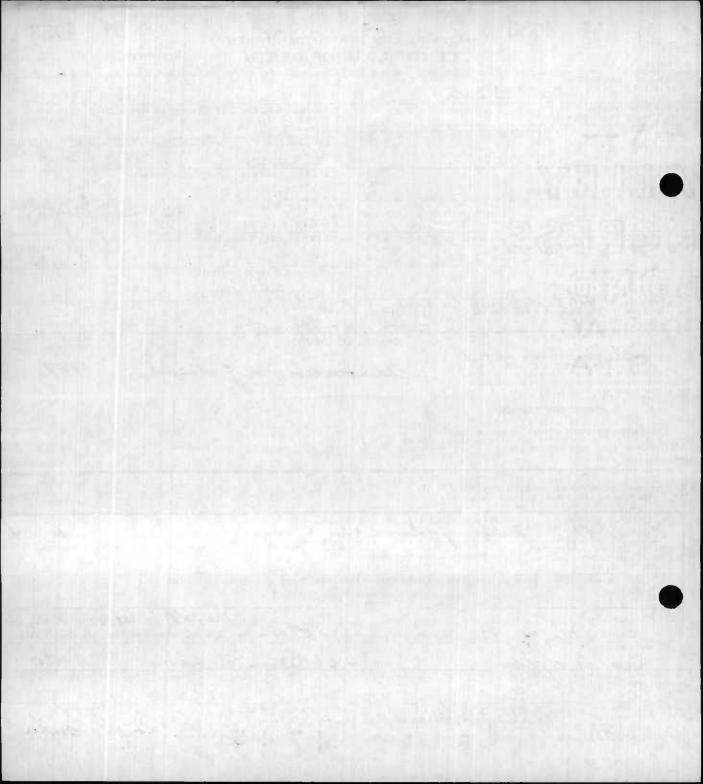
51 4'752 Registered No.

BIRTH NO.	INTH TOATE	OI DEATH	are grown tu	
1. NAME OF DECEASED (Type or Print)			2. DATE. OF Mo.:	
RUBY ANNA HOPF			DEATH Ma.	y 24th, 1951
A. Baltimore City, Maryland	I A	. USUAL RESIDENCE (V	Where deceased lived. If B. COUNTY	institution : residence before admission
B. FULL NAME OF (If not in hospital or institution, g		Maryland		
INSTITUTION	location)		outside corporate limi	ts, write RURAL and give
6010 Eastern Ave.		Baltimore	16-1	3
The state of the s	Yrs. Mos.	STREET ADDRESS (If		
c. gth of stay in Baltimore Life  5. SEX   6. COLOR OR RACE   7. SINGLE, MA	Days	6010 Eastern		
WIDOWED,	DIVORCED (Specify)	DATE OF BIRTH	9. AGE (In years last birthday) Mo	onths Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF		une 10,1889	61	
rork done during most of working life, even if retired)	INDUSTRY	I. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY
Housewife At he	ome	Baltimore, M		U.S.A.
13. FATHER'S NAME	14	4. MOTHER'S MAIDEN NA		
August Seifert		Katherine Ne	au	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. (Yes, no or unknown)   (If yes, give war or dates of service)	SOCIAL IN SECURITY NO.	7. INFORMANT	A	DDRESS
No	None M	r.& Mrs.Ed.Ho	opf-355 Cor	enwall St-24
18. 331× 1	CAUSE OF			INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	(A) CLAR	lead be		
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO O		And the second s	
	Kitu	melinas	200	
ANTECEDENT CAUSES	(B) 104-	pulmo		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	(8)	pulma	and	***************************************
UNDERLYING CONDITION LAST.	DUE TO			
	(C)	······································	***************************************	
THE CLANES OF THE CONTRACTOR			HOW BY FIRST	
OTHER SIGNIFICANT CONDITIONS CON-				
TO THE DISEASE OR CONDITION CAUSING IT.	DIVIGO OF CORDAR			
198. MAJOR PIN	IDINGS OF OPERAT	ION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER.   21B. PLACE (	OF INJURY (e. g., ie or	21c. WHERE DID (I	f in Baltimore City,	YES NO
	actory, street, office bldg., etc.)	INJURY OCCUR?	I Dalimore Oldy,	give exact location)
210. TIME (Month) (Day) (Year) (Hour)   21E.	INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
INJURY				
m.   wor		1. 41 /. 0		
22. I hereby certify that I attended the dece	ased from fee	7.0 to	~4,10	, that I last saw the
deceased alive on Ma 64, 1950, and	that death occurred	ADDRESS	re causes and on ti	he date stated above.
akmi Emley	7		15/1	4. 2 C. 1
	NAME OF CEMETERY	OR CREMATORY   24D, LO	OCATION (City, town,	or county) (State)
	Jole Lown Com			
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	Daklawn Ceme	FUNERAL DIRECTOR	ltimore, M	ADDRESS
LOCAL REGISTRAR	auth Mills II		S, Inc	2/1
WAY 28 45 1 Compression of the	TI A B	El pimore 4 13.	Md Sent	/ fande
VS 150	The state of the s		1	do
			U	8-a



51 4753

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) CHARLES BARK May 25, DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 815 S. Port St. township) Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos gth of stay in Baltimore 815 S. Port St. Days 9. AGE (In years | H Under 1 Year last hirthday) | Months Days | Hours Min. 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Jan. 22, 1882 Married 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Yard Clerk James Lumber Baltimore, Md. 13. FATHER'S NAME RIWI 14. MOTHER'S MAIDEN NAME RUDOLPH BARK Augusta Wyman 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknnwn) (If yes, give war nr dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO No 6-03-253 A- Mrs. Katie Bark-815 Port 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ( adenocasinous of stonach (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION EDICAL nov. 17 of almead a lyough hode unoloneup 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, nffice bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK 22. I hereby certify that I attended the deceased from 19 to May V5, 1957, that I last saw the deceased alive on hear y, 19 57, and that death occurred at 5 A.m., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED 5725/57 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248 DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Baltimore Baltimore. Md Burial Cemeterv DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR Ba VS 150



TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.

248. DATE

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

> 21B. PLACE OF INJURY (e. g., la ar about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

20. AUTOPSY YES NO 1 (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY

21F. HOW DID INJURY OCCUR?

195/ to

WHILE AT NOT WHILE

WORK

22. I hereby certify that I attended the deceased from...

deceased alive on 5-22,19.5%, and that death occurred at 10

23B. ADDRESS

. 19 that I last saw the mi, from the causes and on the date stated above. 23c. DATE SIGNED

23A. SIGNATURE

IMORE

24A. BURIAL, CREMA-

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

24c. NAME OF CEMETERY OR CREMATORY!

24D. LOCATION (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

HOMICIDE

EDICAL

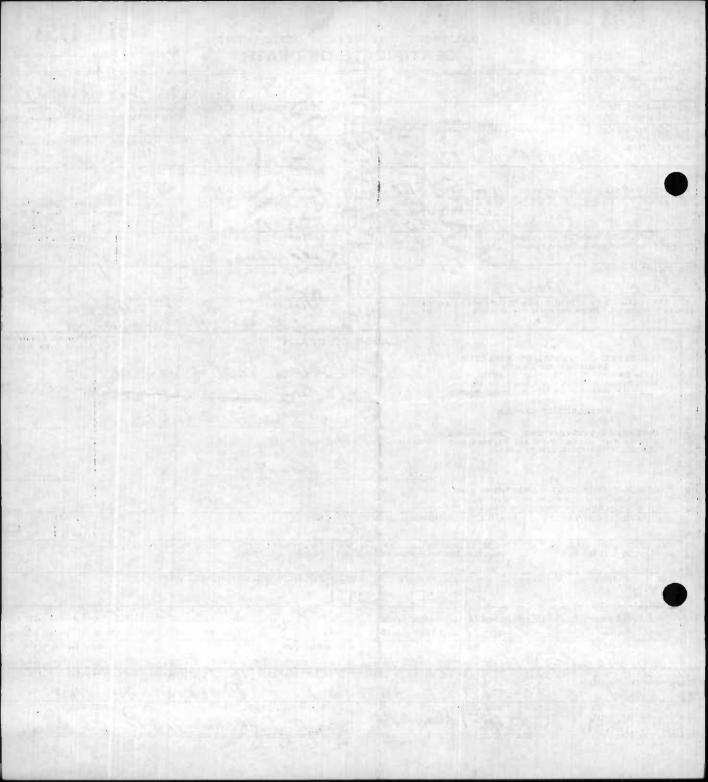
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

KSOW-

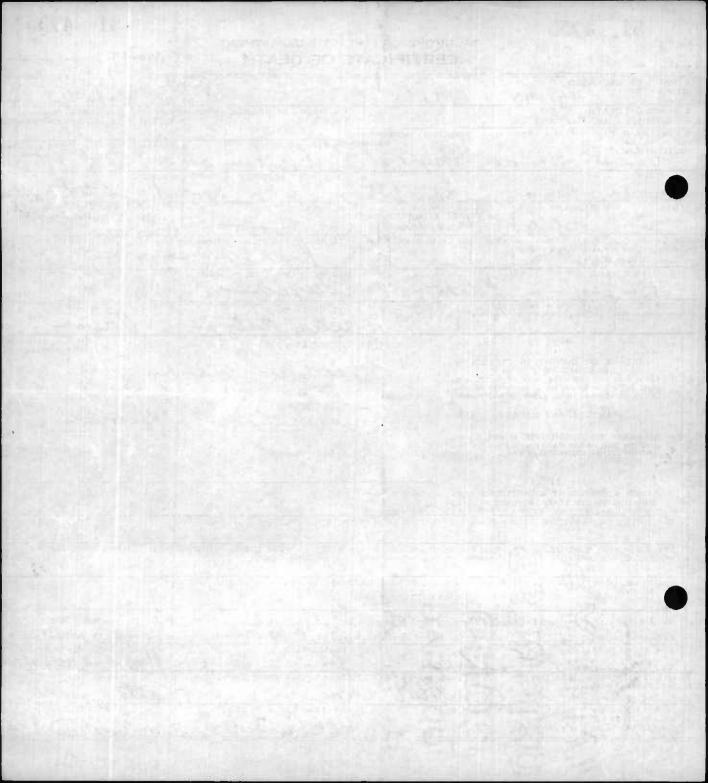
ADDRESS

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51 4755

3	20		TE OF DEATH	Registered N	Vo
	TH NO.	CENTITICA	IL OI DEATH		
	De or Print) Hyperan	KATZ.		2. DATE OF DEATH	5/2 4/51.
A. I	LACE OF DEATH: Saltimore City, Maryland		4. USUAL RESIDENCE (V		institution: residence before admission)
HO	ULL NAME OF (If not in hospit SPITAL OR	tal or institution, give street address locatio		f outside corporate limit	s, write RURAL and give
INS	Glunch Hause	+ Hospilal.	1 12 11	ove. 15	township)
c	ngth of stay in Baltimore	28 Mos Mos	2/2/	rural, give location)	lets Torrace
5. 5	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDGWED, DIVORCED (Special	(y) 8. DATE OF BIRTH		Under I Year h Under 24 Hours nths Days Hours Min.
10A ork d	USUAL OCCUPATION (Give kind of one during impost of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	Kata - IR - W)	14 MOTHER'S MAIDEN N.	AME	
15. Yes,	WAS DECEASED EVER IN U. S. ARMED to or nnknown (If yes, give war or date	D FORCES?   NO SOCIAL	17 NFORMANT	2	DDRESS
CERTIFICATION	DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which of ANTECEDENT CAUSE  DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA  II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	DIRECTLY TH of dying, e.g., ans the disease, caused death.)  DUE TO  SES  IF ANY, GIVING STATING THE DUE TO  (C)  ITIONS CON- NOT RELATED	e of DEATH	Infare	INTERVAL BETWEEN ONSET AND DEATH
-		98. MAJOR FINDINGS OF OP	ERATION		20. AUTOPSY?
MED	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) FINJURY	m. WHILE AT NOT WHI	g,etc.) INJURY OCCUR?  RRED 21F. HOW DID INJURY		
	22. I hereby certify that I att deceased alive on 121 23. SIGNATURE	., 19 7, and that death occ	urred at 10 form., from t	he causes and on the	that I last saw the he date stated above.  23c. DATE SIGNED  CL 10(27/5/
4	BURIAL, CREMA- REMOVAL (Specify)	VI Vados	Succe	OCATION City, town,	, ma
LOC DA	AL REGISTRAR	s SIGNATURE	125. FUNERAL DIRECTOR	@ 2100 G	Section Po
	VS 150	506/9	14		94a

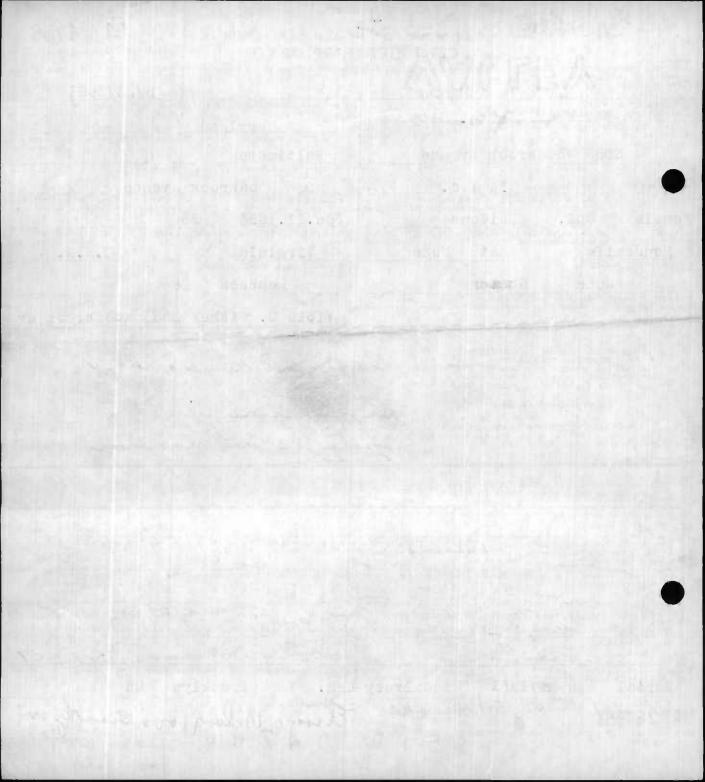


## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4756

121a

BIRTH NO	CERTIFICATI	E OF DEATH Registered	NO.
BIRTH NO.			
1. NAME OF DECEASED (Type or Print)	Gustus	2. DATE OF DEATH 5/2	3/1951
3. PLACE OF DEATH:	o the vae	4. USUAL RESIDENCE (Where deceased lived.	
A. Baltimore City, Maryland	Balto. City	A. STATE B. COUNTY	before admission
B. FULL NAME OF (If not in hospi	ital or institution, give street address or	Maryland	Venda
HOSPITAL OR INSTITUTION	location)	C. CITY OR TOWN (If outside corporate High	lits, write RURAL and give
A 2533 Woodbr	ook Avenue	Baltimore / 2	township
-	Yrs,	D. STREET ADDRESS (If rural, give location)	
	Mos.		
c. Agth of stay in Baltimore	I4 Yes. Days	2533 Woodbrook Avenue	
5, SEX 6. COLOR OR RACE		8. DATE OF BIRTH 9. AGE (in years)	if Under 1 Year   If Under 24 Hours
Female Col.	WIDOWED, DIVORCED (Specify) Widowed	Jan. II. 1896 55	Months Days Hours Min.
10A. USUAL OCCUPATION (Givekindo		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
rork done during most of working life, even if retired Housewife		Vincinio	WHAT COUNTRY
13. FATHER'S NAME	At Home	Virginia	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John G	ustus	Rebbeca Bee	
15. WAS DECEASED EVER IN U. S. ARME	D FORCES?   16, SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give war or dat	security No.		
110		Viola C. Fisher 2533 w	oodbrook av
DISEASE OR CONDITION (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which  ANTECEDENT CAU  DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L UNDERLYING CONDITION L  OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE OISEASE OR CONOITION	of dying, e.g., ans the disease, caused death.)  SES  IF ANY, GIVING OSTATING THE OUE TO  OITIONS CONTROL OF NOT RELATED	deraf Hammel parlemain li/ Warenlar B	
0	198. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY7
			YES NO
21A. ACCIDENT WAS UNDER-	218. PLACE OF INJURY (e.g., in	n or   21C. WHERE DID (If in Baltimore City,	
W CAUSE OF DEATH		INJURY OCCUR?	, give exact location)
210. TIME (Month) (Day) (Year	r) (Hour)   21g. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
INJURY			
	m. WHILE AT NOT WHILE		
22. I hereby certify that I at deceased alive on 23A. SIGNATURE	ttended the deceased from 25 1957, and that death occur	rred at 3.30 m., from the causes and on	
24A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE		m or county) (State)
TION REMOVAL (Specify)	OFT NO 3	Cem. Brooklyn Md	
MAY 28 1951	STR Williams, Mile	Elion O Wilson 1000 &	Ronly and
		7 / 1	V

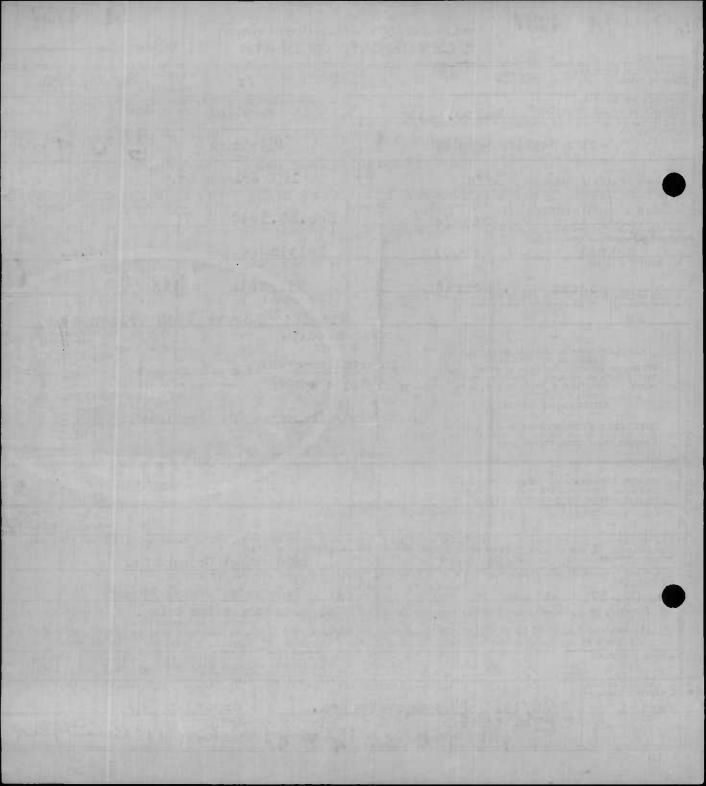


# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

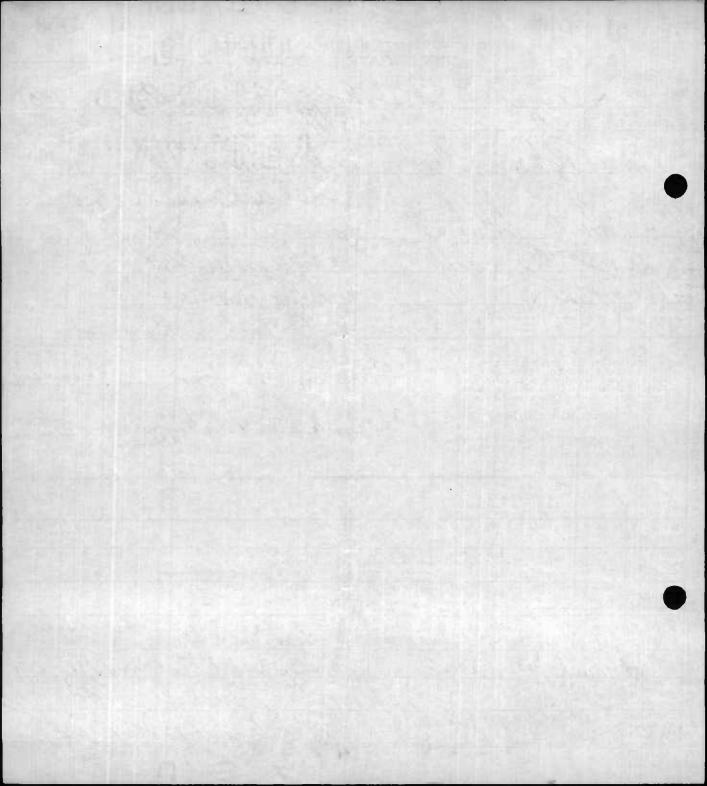
51 4757

Registered No.

BIRTH NO.									
1. NAME OF D (Type or Print)	ECEASED ROGI	ERE		NORRIS	Jr	2. DATE OF DEATH	May :	23,	1951
3. PLACE OF D A. Baltimore ( B. FULL NAME HOSPITAL OR INSTITUTION	EATH: Dity, Maryland OF Continhospit Johns Hopkin		give street address or location	A. STATE	Maryland R Town (If Baltimore	here deceased B. COU	NTY	be	efore admission)  L and give township
ngth of s	tay in Baltimore	Life	Yrs. Mos. Days		830 Orlean		tion)		
ork done during most o	6. COLOR OR RACE Colored  CUPATION (Givekind of f working life, even if retired)  LOOL  LAME	Singl 108. KIND O	O DIVORCED (Specify)  BUSINESS OR INDUSTRY	Dec.3	O. 1943 PLACE (State or for	7 reign country)	lay)   Mont	2. CITI	ZEN OF
15. WAS DECEASE	Devers W. S. ARME	Norri	6. SOCIAL		rginia	Smith			
(Yes, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.	17. INFOR				DRESS	
(This does heart failu	SE OR CONDITION LEADING TO DEA not mean the mode of re, asthenia, etc. It me complication which	TH of dying, e. g., ons the disease,	CAUSE (A) Intern	OF DEAT	rrhage	1830	Orles	INTE	TYAL BETWEEN
RISE TO TUNDERLY  OTHER S TRIBUTING	S OR CONDITIONS, I HE ABOVE CAUSE (A) ING CONDITION LA  II IGNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION	F ANY, GIVING STATING THE AST.	(B) Multip	le frac	tures and s	ibrasion	S		
19A. DATE O	F OPERATION   I	9в. MAJOR FI	NDINGS OF OPER	RATION				20.	AUTOPSY?
21b. TIME ( OF INJURY  1 22. I certif  the evi	AL CAUSE WAS  THE OF CONTRIB- ADSE OF DEATH.  Month) (Day) (Year)  1951 abt. (Year)  The option of the option opti	Pavement (Hour) 21E white year of the rest said Autops:	INJURY OCCURR  AND WHILE RK NOT WHILE RK NOT WORK  nains described of y, Inspection or i	180 21F. Ho above, held Inquiry, fin	occur?  objection of the control occur?  objection of the control occur.  objection occur.	occur?  struck by  on & Incompection or I  ceased died  homicide	y auto	thereo	on and from tated above
24A. BURIAL, C	auley H.	Dun	NAME OF CEMETE	ASSIST	ANT MEDICAL E	XAMINER	May May	7 23,	, 1951
TION, REMOVAL (S)	pecify)							county	(Grate)
Burial DATE RECEIVED LOCAL REGISTR MAY 2819		SSIGNATIVE HALL	t Calvery	25 TUNER	AL DIRECTOR	oklyn 201166	-	DDRES	
V S 151	-829.2				0		17	0 =	1



BIRTH NO.	CERTIFICATE	OF DEATH	Registered No	
1. NAME OF DECEASED (Type or Print)	Stuck		OF May	25.1951
3. PLACE OF DEATH: A. Baltimore City, Maryland		A. STATE	deceased lived. If Institute B. COUNTY	ution: residence before admission)
B. FULL NAME OF (If not in hospital or institute HOSPITAL OR INSTITUTION 30 (admits)		E. CITY OF TOWN If outside	de corporate limits	te RURAL/and give (ownship)
c. Lyngth of stay in Baltimore	Yrs. Mos. Days	330 (AAM)	give location)	
199 GRACE 7. ENGL	E, MARRIED VED, DIVORCED (Specify)	une 25.1886	ast birthday) Months	Year If Under 24 Hours Days Hours Min.
ON USUAL OCCUPATION (Give kind of pork done during prost of working file of the land)	O OF BUSINESS OF	1. BIRTHPLACE (State or foreign		WHAT COUNTRY?
10. FATHER'S NAME TUCK	1	A MOTHER'S MAIDEN NAME	ias	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	7. INFORMANT Juck 3	30 Radna (R	ess Just
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, c. theart failure, asthenia, etc. It means the disease injury or complication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	e, DUE TO (B) Che My	nary Thrombos orbidites & Clus	is (	Pudefaule
OTHER SIGNIFICANT CONDITIONS COINTRIBUTING TO THE DEATH, BUT NOT RELATION TO THE DISEASE OR CONDITION CAUSING I	D T.			
19A. DATE OF OPERATION   19B. MAJOR	FINDINGS OF OPERA	TION		YES NO 1
	ACE OF INJURY (e. g., in of farm, factory, street, office bidg., etc.		Baltimore City, give e	xact location)
INJURY	21E, INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21F. HOW DID INJURY OCC	CUR?	
22. I hereby certify that I attended the deceased alive on May 24, 1951,	deceased from		alses and on the da	ite stated above.
23A, SIGNATURE  NATURALLE M  24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	M. D. 231	OR CREMATORY 240 ZOCK	Jako Kud	C. DATE SIGNED
DATE RECEIVED BY REGISTRANG SIGNATURE MAY 281951	Miana, M. 2	SPRINERAL DIRECTOR	12/1/ ADD	and of
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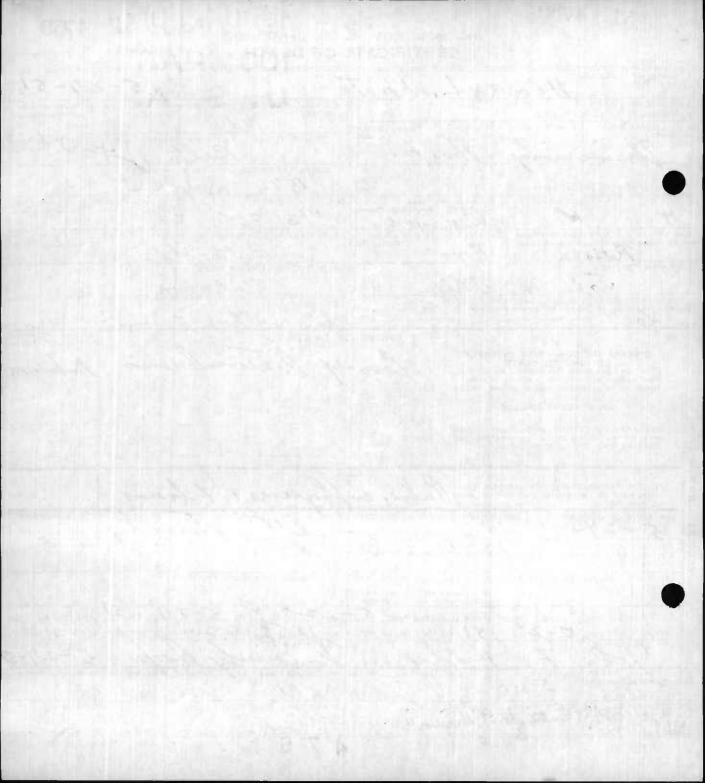


#### BALTIMORE CITY HEALTH DEPARTMENT

51 4759

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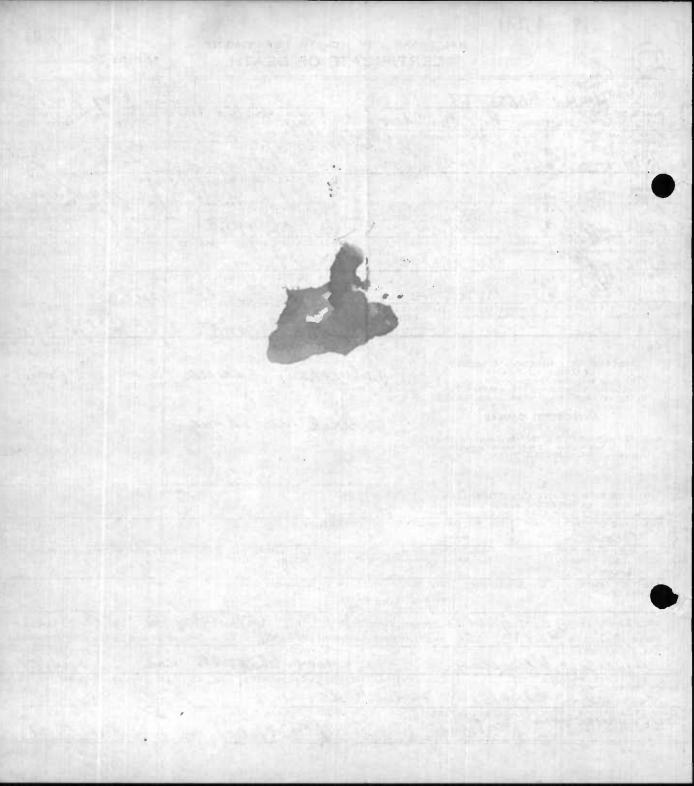
BIRTH NO.	FICATE	OF DEATH	Registered	No.	
1. NAME OF DECEASED HENRYLIW	14:7	e	2. DATE. OF DEATH	-27-5	-/
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		f institution : reside before adm	
B. FULL NAME OF (If not in hospital or institution, give stre	et address or location)	c. CITY OR TOWN (If	outside corporate lim		nd give wnship)
c. Pigth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	4.	
6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVOR		8. DATE OF BIRTH	9. AGE (In years last birthday) M	If Under   Year   If Under   Index   Hours	24 Hours Min.
10A. USUAL OCCUPATION (Give kind of work dooe during most of working life, even if retired)	IESS OR INDUSTRY	11. 8IRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COU	NTRY?
13. FATHER'S NAME Vohn H. Whitz		14. MOTHER'S MAIDEN NA	nown	LITTE SE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uokoown) (If yes, give war or dates of service) SECU	RITY NO.	17. INFORMANT Chas. B. What		ADDRESS Frot Gare	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	Sum a	of DEATH  y Julius	elesoris	INTERVAL BE ONSET AND	DEATH
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		physema +	Thois		
19a. DATE OF OPERATION 19B. MADOR FINDINGS  5 - 2 4 - 5 1 19B. MADOR FINDINGS  21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Double home, form, factory, str. CAUSE OF DEATH	URY (e. g., in	or   2 IC. WHERE DID (I	f in Baltimore City		NO -
2 ID. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY m. WHILE AT WORK	Y OCCURRE NOT WHILE AT WORK				
22. I hereby certify that I attended the deceased of deceased glive on 5 - 2 1, 19 5 I and that deceased glive	leath occur	red at 12 5 m., from to	be causes and on		above.
24A. BURIAL CREMA- 24B. DATE 110N REMOVAL (Specify) 5/31/5/	of CEMETER		a. a. Co.	n, or county) (	State)
DATE PROCESSES OF PROCESSES OF THE LOCAL PROCESSES OF THE	sta .	25. FUNERAL DIRECTOR	127St.	Paul S	7-

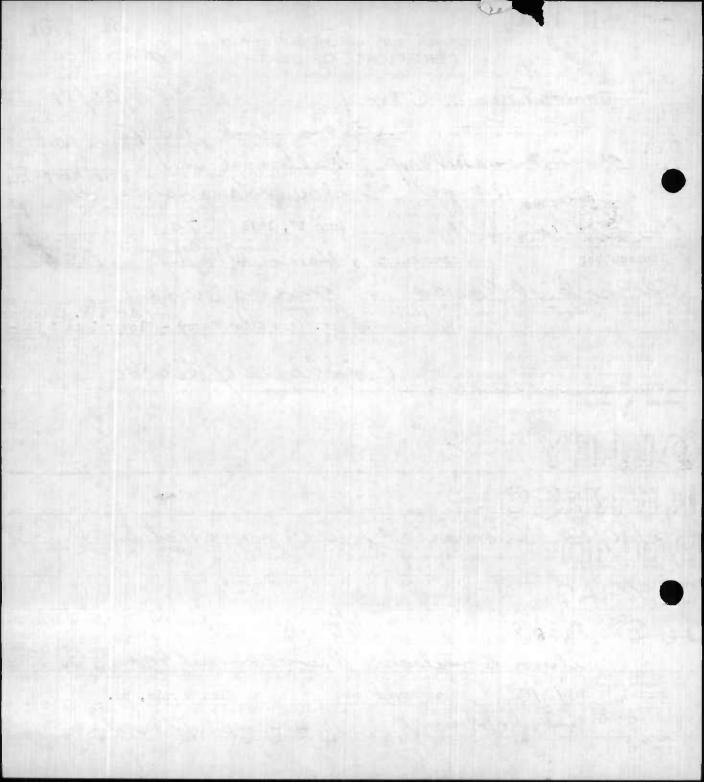


#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4780

BIRTH NO.	CERTIFICAT	E OF DEATH	Regis	tered No	
1. NAME OF DECEASED (Type or Print) NARIAN BASSETT			2. DATE OF DEATH	Man	26,1551
3. PLACE OF DEATH: A. Baltimore City, Maryland Back	6. red	4. USUAL RESIDENCE			tution: residence before admission)
B. FULL NAME OF (If not in hospital or Institution HOSPITAL OR	tion, give street address or location)	CETTOR TOWN	MU/	a a locat v suc	ite RURAL and give
institution ( ) and I sim	19 Lone	Belley	une .	LIT	township)
	Yrs. Mos.	D. STREET ADORES	Of mural, vive loca		
c. Length of stay in Baltimore  5.SEX /   6.COLOR OF RACE   7. SINGL	Days  E/MARRIED.	191/CX	M ST	years ) Under	1 Year   II Under 24 Hours
	WED, DIVORCED (Specify)	18. DATE OF BIRTH	9. Age (In )	day) Nonths	Days Hours Min.
10A/ USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired)		11. BIRTHPLACE (State	or foreign country	12.	CITIZEN OF
Housewife W	forme industry	Italis			WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
augelo Kond	roni	Juntina	DE Van	la	
15. WAS DECEASED FVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	1. 3 -	ADDR	ESS X
16	!	Tarra Shanni	210 3170	. 066	ring one
18. 331X	CAUSE	OF DEATH			INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		conary edu	1111		
(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea	ise,				1 Ray
injury or complication which caused dear	th.) DUE TO	al hemon	,		
ANTECEDENT CAUSES	Carel	al hence	ese		
DISEASES OR CONDITIONS, IF ANY, GIV	ING	***************************************			*************************
UNDERLYING CONDITION LAST.	THE DOE TO			7 477	
	(C)				
F II					
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	TED				
	R FINDINGS OF OPER	ATION			20. AUTOPSY?
Nove -					YES NO
=   ZIA. ACCIDENT, SUICIDE,   ZIB. PL	ACE OF INJURY (e. g., i , farm, factory, street, office bldg.,		(If in Baltimor	e City, give	exact location)
E MAC	ALT IN HIDY OCCUPD	ED ALT HOW DID IN	LIDY OCCUPA		
ID. TIME (Month) (Day) (Year) (Hour)	WHILE AT NOT WHILE		ORY OCCUR?		12/11/18
m.	WORK AT WORK		MA /a	Pro-	
22. I hereby certify that I attended the	e deceased from	, 195/, to	inay ve	_, 19 <b>/</b> , th	at I last saw the
decease alive on May 26, 1951	, and that death occur	38 ADDRESS	m the causes ar		ate stated above. BC. DATE SIGNED
/ Januar Weerman	M. D.	4004 Telet	Hs. are		126/51
24A. BURIAL, CREMA- 24B. DATE	24c. NAME of CEMETE	RY OR GREMATORY 24	LOCATION (Ci	ly, town, or c	ounty) (State)
Burial 5/30/5/	Holy RED	(28mer)	Ball	5. Mg	1.
DATE RECEIVED BY REGISTRAR'S SIGNAT		25. FUNERAL DIRECTO	OR	AD	DRESS
LOMA VEZISTROPS	MALLON AND ON	412 JOOK Duc	1217 8	t. Pau	l I
VS 150			1		,
				8	3a



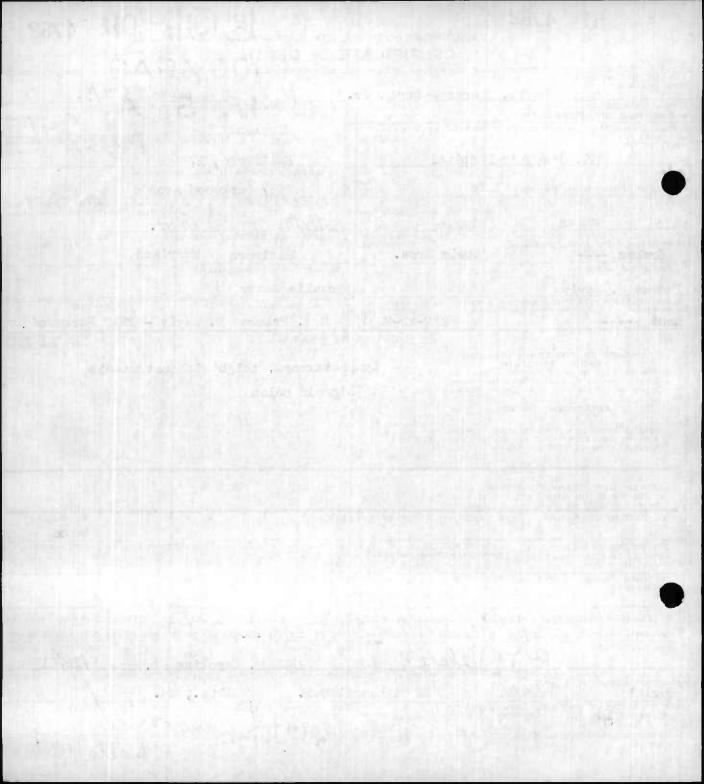


## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4762

Registered No.

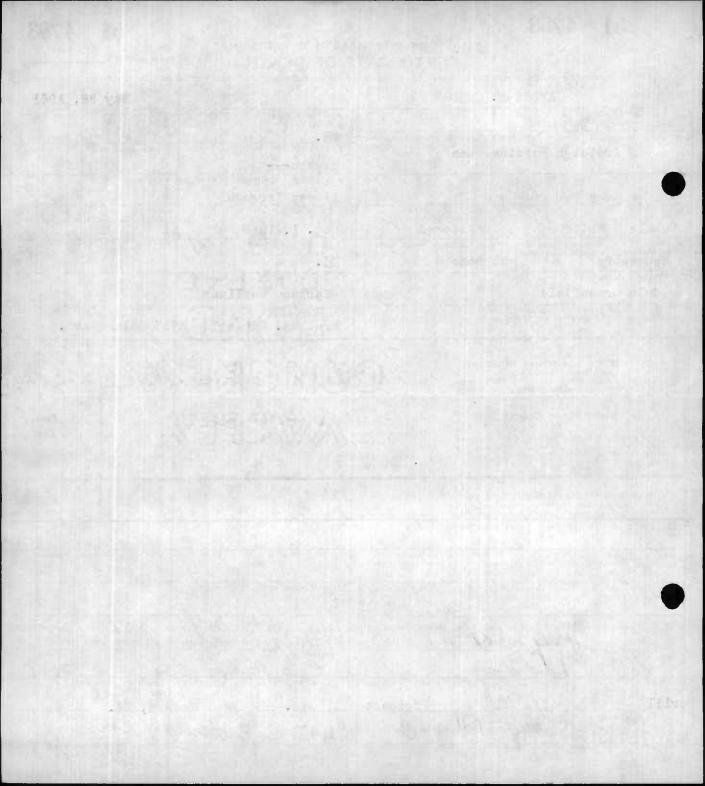
B	IRTH NO.					
1.	NAME OF DECEASED Type or Print) Rayly	. Thoma	s Robert, Jr.		2. DATE. OF DEATH 5/	26/51
	PLACE OF DEATH: Baltimore City, Maryland				NCE (Where deceased lived, It	
H	FULL NAME OF (If not in hospit OSPITAL OR NSTITUTION	al or instituti	on, give street address or location)	c. CITY OR TOWN		ts, write WURAL and give
1	f! St. Joseph!	s Hospi		Baltim		township)
7		T 2 C -	Yrs. Mos.	100000000000000000000000000000000000000	SS (If rural, give location)	
5	ngth of stay in Baltimore  6. COLOR OF RACE	Life	Days Days , MARRIED,	8. DATE OF BIRTH	Parkwood Avenue	If Under 1 Year   If Under 24 Hours
M	ale White	Sing	ED, DIVORCED (Specify)	7/9/81	last birthday) Mo	onths Days Hours Min.
1 C	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired).  Broker		of Business or INDUSTRY in Bros.	11. BIRTHPLACE (St. Baltimo	ate or foreign country) re Maryland	12. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S NAME	140330	BANKER.	14. MOTHER'S MAI		
	Thomas R. Bayly			Rosalia Bush	v	
15 (Ye	5. WAS DECEASED EVER IN U.S. ARMED s, no or ooknowe) (If yes, giva war or date	FORCES?	16. SOCIAL	17. INFORMANT	/	DDRESS
1	nonės	or not vicely	21 2-22-21 71	Mrs. France	es S. Bayly - 291	17 Parkwood Av
FICATION	DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It meal injury or complication which of the complex of th	FANY, GIVIN STATING TH	) DUE TO <b>to S</b>	hosarcoma, th	nigh with metasta	ONSET AND OBATH
CERTI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 1	NOT RELATE CAUSING IT	0	ATION		20. AUTOPSY?
AL	2					YES NO
MEDICAL	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	about home, fe	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	(c.) INJURY OCCUR		give exact location)
(	INJURY (Month) (Day) (Teal)		WHILE AT NOT WHILE	ZIP, HOW BIB	INSORT OCCURT	
	22. I hereby certify that I att deceased alive on 5/26/5. 23A. SIGNATURE		and that death occur		to 5/26/51, 195 from the causes and on t	
24 TI	4A. BURIAL, CREMA- ON, REMOVAL (Specify)		441	RY OR CREMATORY	240. LOCATION (City, town	, or county) (State)
D.W	Burial 5/29/ ATE RECEIVED BY REGISTRAR	SIGNATU	New Cathedra	A	Balto., Md.	ADDRESS
	VS 150	7 5	290 71	VA / 5	ESEBA	eto Ma.



## BALTIMORE CITY HEALTH DEPARTMENT V Registered No

C	1	4	1	0	3

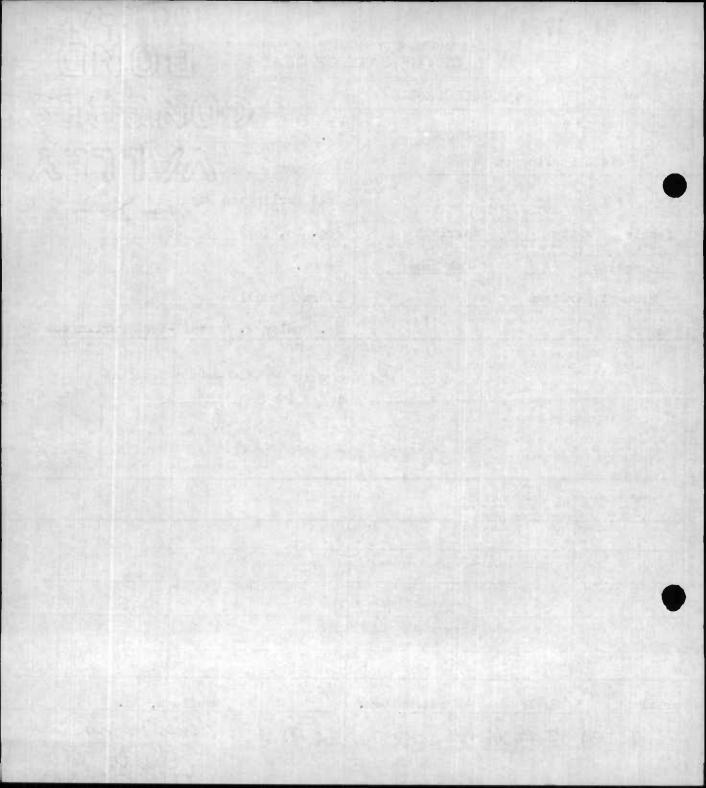
BIE	RTH NO.			CERTIFICATI	E OF DEATH	legistered 140,	
1.	NAME OF C	ECEASED				2. DATE	
(Ту	pe or Print)	LYDIA	A. GOR	DON		OF May	26, 1951
	PLACE OF D				4. USUAL RESIDENCE (Wh	ere deceased lived, If ins	titution: residence
	FULL NAME	City, Maryland	al an inatituti	on, give street address or	A. STATE	B. COUNTY	before admission)
HO	SPITAL OR	Ardleigh Nurs	1 TT	location)	c. CITY OR TOWN (If or	utside corporate limits, w	write RUPAL and give
INS	STITUTION .	Ardieign Nurs	ing hom	e	Towson===	The same and the s	township)
1/2				Yrs.	D. STREET ADDRESS (If ru	vol mino lunation	
	- 17 4			Mos.		rai, give location)	2 4 8
	cength of s	tay in Baltimore	7 011015	Days	Linden Terrace		
٥, ١	Female	White		MARRIED, ED, DIVORCED (Specify) dowed	0ct. 1, 1859	9. AGE (In years last birthday) Month	es Days Hours Min.
10/	. USUAL OC	CUPATION (Givekind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fore		CITIZEN OF
rork	Hous ew	of working life, even if retired)	at hom	INDUSTRY	Md.		WHAT COUNTRY?
13.	FATHER'S	NAME			14. MOTHER'S MAIDEN NAM	AE.	
		Greenfield			Clarissa Sullivar	a	
15, (Yes,	was Deceas no or unknown)	ED EVER IN U.S. ARMET (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Wm. Fitzell		RESS d Ave.
	18. 4-	21.		CAUSE	OF DEATH		INTERVAL BETWEEN
	/ '	SE OR CONDITION	DIRECTLY		0 1 1		ONSET AND DEATH
	(This does	LEADING TO DEAT	TH f dving a g	" Clro	arel JEm	prohoso	1238011
	heart failu	ire, asthenia, etc. It mea	ns the disease				r
	injury or	complication which c	aused death	) DUE TO			0
		ANTECEDENT CAUS	ES	arl	iréo Acleron		Gradual
	DISEASE	S OR CONDITIONS, IF	ANY GIVIN	(B)	100 L Po L	9	
Ĕ	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO	vencus asp		
S	ONDERL	TING CONDITION LA	51.	(C)		***************************************	
ŭ.							
E	OTHER S	II SIGNIFICANT CONDI	TIONS CON				ENTER
	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
0		OF OPERATION   1		FINDINGS OF OPER	ATION		Lac Aug Oberes
4	ISA. DAIL	OI ERATION O	SB. MASOR	PINDINGS OF OPER	ATTON		20. AUTOPSY?
ੁਂ -	21A ACCIE	ENT WAS UNDER-	218 PLA	CE OF INJURY (e. g., in	or 21c. WHERE DID (If	in Baltimore City, give	YES NO L
1ED		R CONTRIBUTING	about home, fo	arm, factory, street, office bldg., e	(injury occur?	in battainine Only, give	exact location)
	TIME	(Month) (Day) (Year)	(Hour) 2	1E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
1	JINSOK!		m. v	WORK NOT WHATE			
	22. I hereb	y certifuthat I att	ended the	deceased from	ly 1995, to Me	ey 26, 1957 t	hat I last saw the
		a		ind that death occur		causes and on the	date stated above.
	23A. SIGNA	URF SI	1		3B. ADDRESS		23C, DATE SIGNED
0.4	DUGLAL	MIMA	des	м. р.	140 & Park	ose	5/28/57
T10	A. BURIAL, N. REMOVAL (S	Specify)	. /	4c. NAME OF CEMETE	RY OR CREMATORY 246. LOC	CATION (City, town, or	county) (State)
	rial	5/29	651/	Prospect I	Hill Ceme	Towson, Md.	
DA	TE RECEIVE	D BY REGISTRAR	SEIGNATY		25. FUNERAL DIRECTOR . ,	O / AI	DDRESS
R	INV 281	951 1 mili	141 / MA	name (1) (	JAM. G. Such	ener & xa	W
-14	VS 150	1 140	W 1 - 2	in the per-		R. At	mi.



#### BALTIMORE CITY HEALTH DEPARTMENT

51 4764

BI	RTH NO.			CERTIFICATE	OF DEATH	Regis	tered No	
1.	NAME OF D		MARGARET	HANSELL		2. DATE OF	May 25	, 1951
	PLACE OF D Baltimore (	EATH: City, Maryland			4. USUAL RESIDENCE	DEATH CE (Where deceased B. COU		ution: residence before admission
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospital) 5423 Purling		on, give street address or location)	c. CITY OR TOWN Baltimore	(If outside co por	ate limits, vri	te MURAL and give township
C.	Length of s	tay in Baltimore		Yrs. Mos. Days	b. STREET ADDRESS		tion)	
_	SEX female	6.COLOR OR RACE			8. DATE OF BIRTH  Jan. 24, 188	9. AGE (In 3 last birth)		Yasi If Under 24 Hours Days Hours Min.
	A. USUAL OC doneduring most	CUPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State			CITIZEN OF WHAT COUNTRY
13	Housew FATHER'S	NAME	a a	t home	14. MOTHER'S MAID			
15 (Ye	. WAS DECEAS	el Harrigan ED EVER IN U. S. ARMEI (If yes, give war or date)	FORCES?	16. SOCIAL SECURITY NO.	Clara Lyndal 17. INFORMANT Mr. Dudley R		ADDRE	
TIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)			(B) arts	ibsal flas d plase rio sali erlensi	ralyais him regars rosis	nouhage	10days
L CERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR				ATION			20. AUTOPSY?
EDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., in			e City, give e	YES NO L
Σ	TIME INJURY	(Month) (Day) (Year)	w	1E. INJURY OCCURRENT NOT WHILE WORK AT WORK	ED 21F. HOW DID IN	NJURY OCCUR?		
	22. I hereby certify that I attended the deceased from 20, 1957, to May 25, 195/, that I last saw the deceased alive on May 25, 190/, and that death occurred at 420 mm., from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED							
TI	4A. BURIAL. ON. REMOVAL (S Burial	CREMA- Specify) 5/28/51		4c. NAME OF CEMETE		Moodlawn	, Md c	
D L	MAY 28	RAR 1951 Handi	SIGNATU	Missing Miss	25 AUNERAL DIREC	Fielener 8300	Valar	DRESS
	VS 150		3			8300	alto	Md.

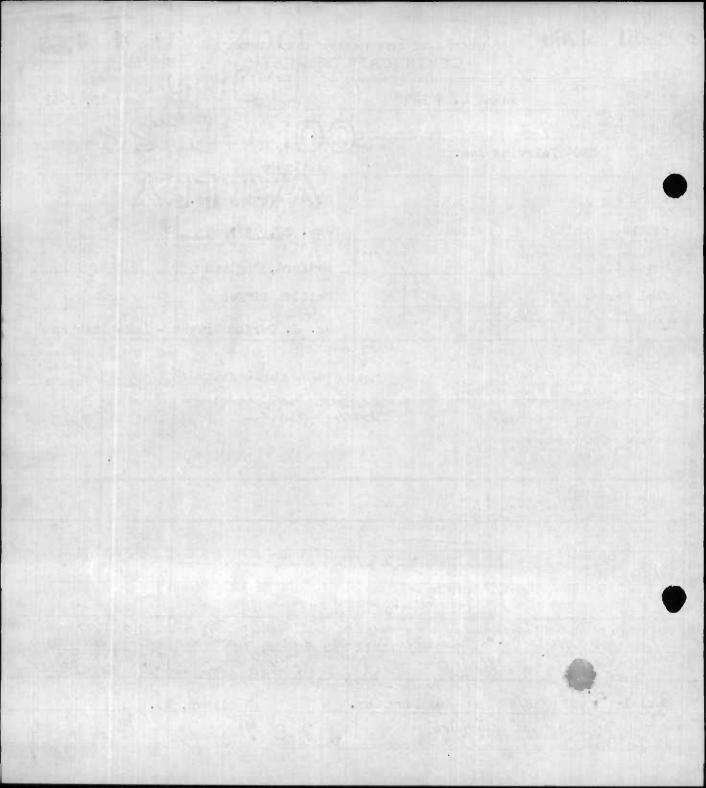


62351 4765

### BALTIMORE CITY HEALTH DEPARTMENT

51 4785 Registered No.

BIRTH NO.	CERTIFICATI	E OF BEATH	
1. NAME OF DECEASED (Type or Print)	ARAH L. WRIGHT	2. DATE OF	
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION 3304 Fairvi	or institution, give street address or	c. CITY OR TOWN (If outside cor	
c. Length of stay in Baltimore	Yrs. Mos. Days	Baltimore  D. STREET ADDRESS (If rural, give)  3304 Fairview Ave.	
female white	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Widowed	Jan. 28, 1855 9	6 Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  housewife  13. FATHER'S NAME	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign coun  Bedford, England  14. MOTHER'S MAIDEN NAME	try) 12. CITIZEN OF WHAT COUNTRY
Joel Carter		Matilda Biffen	
15. WAS DECEASED EVER IN U. S. ARMED Yes, no or unknown) (If yes, give wer or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mr. J. Purdon Wright	ADDRESS - Lake Station
DISEASE OR CONDITION DE LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ca  ANTECEDENT CAUSE  DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAS	dying, e.g., s the disease, used death.) OUE TO	bo-Nasrulor duran tires-acturosis yacarditis	INTERVAL BETWEEN DNSET AND GEATH SYND  7 3 MO
OTHER SIGNIFICANT CONDIT TRIBUTING TO THE OEATH, BUT N TD THE DISEASE DR CONDITION 19A. DATE OF OPERATION 19	IONS CON-		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  TIME (Month) (Day) (Year)	218. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg.,  Hour)   21E. INJURY OCCURR	etc.) INJURY OCCUR?	more City, give exact location)
INJURY	m. WHILE AT NOT WHILE		
22. I hereby certify that I attedeceased alive on May 24	19 51 and that death occu	rred at 4 Pm., from the causes	s and on the date stated above 23c. DATE SIGNED
24A. BURIAL, CREMA CAB. DATE TION, REMOVAL (Specify) 5/28/5	24c. NAME OF CEMETE Noodlawn Com	. Woodlawn,	
DATE RECEIVED BY LOCAL REGISTRAR'S	SIGNATURE TO THE STATE OF THE S	25 FUNERAL DIRECTOR	ASMo-balto
VS 150	The state of the s		93) ma.

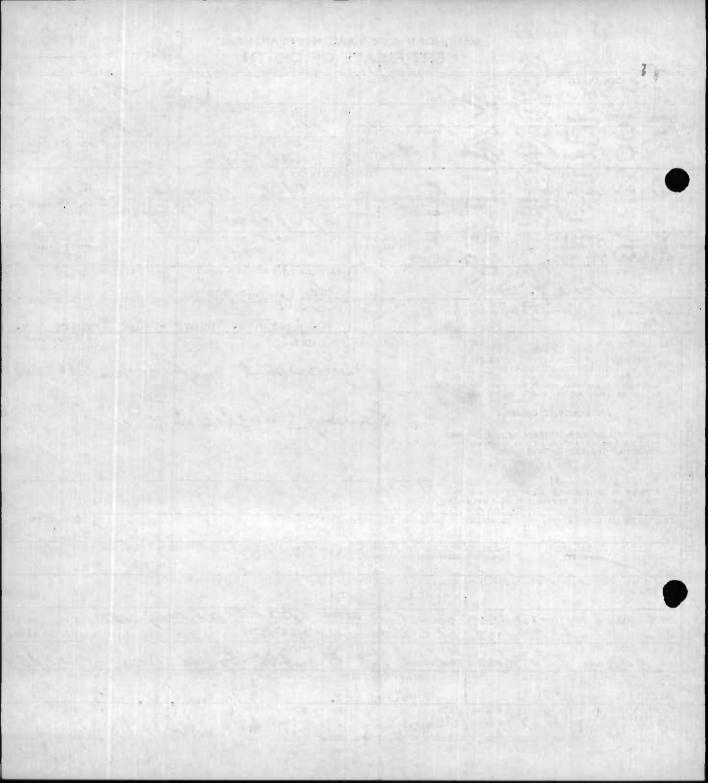


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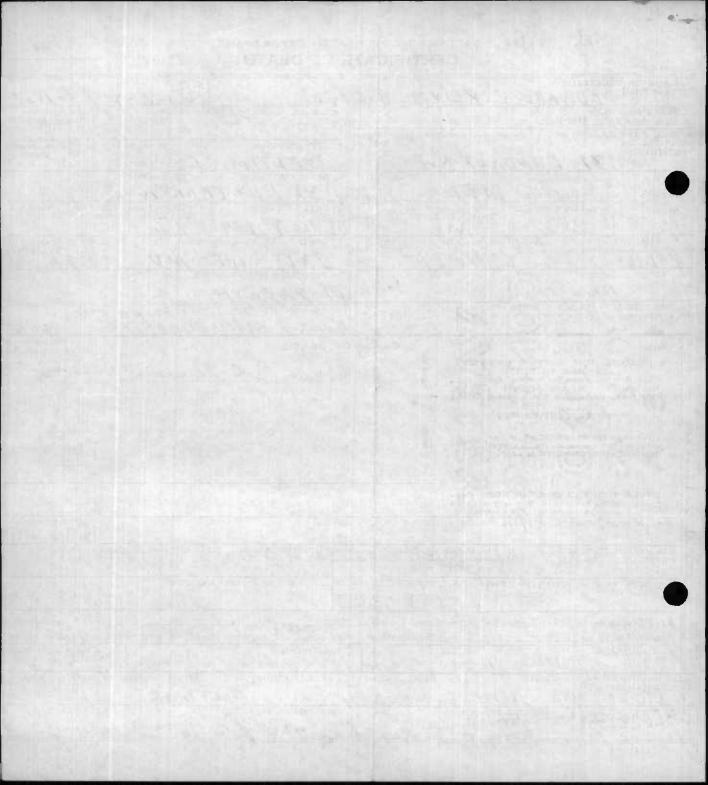
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 4766 Registered No.

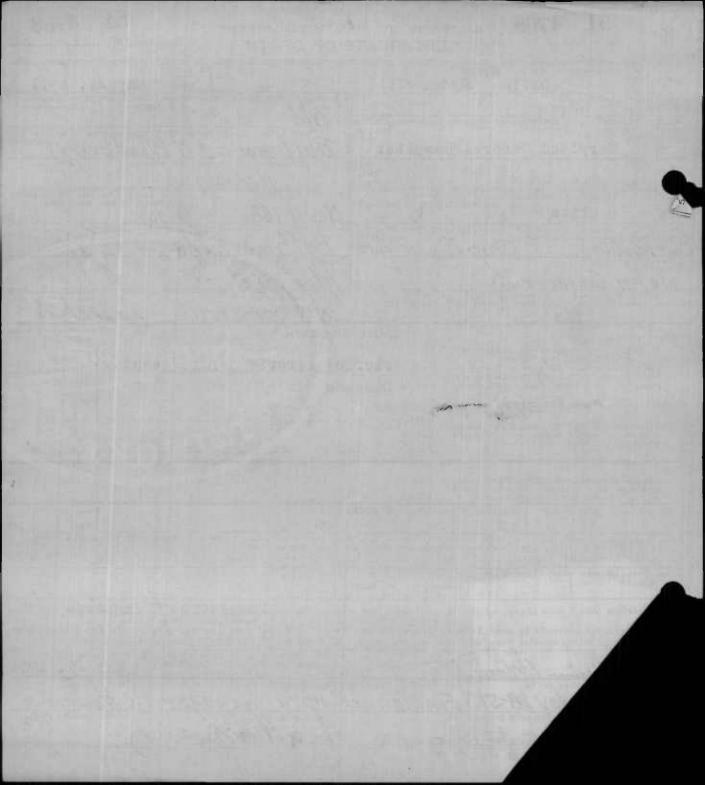
	MITT NO.						
1. (T	NAME OF D ype or Print)	MINNE E	Tuc	ker		2. DATE OF DEATH	5/27/57
Α,		EATH: City, Maryland			4. USUAL RESIDENCE ()		If institution; residence before admission)
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or	Md.	70	676
	STITUTION	Franklin	Squa	Hosp.	20 0	f outside corporate lir	mits, write, RURAL and give township)
7				Yrs.	D. STREET ADDRESS (If	rural, give location)	
C.	Length of s	tay in Baltimore		Mos. Days	4101 1	low born	Aug.
	SEX	6. COLOR OR RACE	7. SINGL	EMARRIED	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours
	F	w.		VED DWORCED (Specify)	5/6/1890	61	Months Days Hours Min.
Work	A. USUAL OC	CUPATION (Give kied of working life, even if retired)	IOB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
		ion Dept.	Dept	Store	Md.		2/5/4
13		NAME SEPRITATAL		30020	14. MOTHER'S MAIDEN N	AME	
	111	when I T	homoa				
15	WAS DECEASE	DEVER IN U. S. ARMEI		1 10 000:11	Mary F. Anderso	n	
(Ye	s, no or onknowo)	(If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			Part of the second	Mr. Joseph M. T	ucker - 410	l Newbern Ave.
	18. Wa	1 /		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTIV				ONSET AND DEATH
		LEADING TO DEA	TH	M	un condial.	en forch	Lu. 36 here
	(This does heart failu	not mean the mode ere, asthenia, etc. It mes	of dying, e. : ins the diseas	g., (A)			
	injury or complication which caused death.) DUE TO						
	ANTECEDENT CAUSES						
Z			1992	(B) COLO	wary occlu	Sem	
0		S OR CONDITIONS,					
AT	UNDERL	HE ABOVE CAUSE (A)	STATING T	HE DUE TO			
Ü							
F		11		(C)			
R	OTHER S	SIGNIFICANT COND	ITIONS CO	N -			
B B	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	LD			
				FINDINGS OF OPER	ATION		20. AUTOPSY?
A		0					YES NO
Ö	21A. ACCIDE	NT, SUICIDE,	218. PL/	ACE OF INJURY (e.g., in	or   21c. WHERE DID	If in Baltimore City	y, give exact location)
MEDIC	HOMICIDE	(Specify)		farm, factory, street, office bldg., e			
2	D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
K	INJURY			WHILE AT NOT WHILE			
			m.	WORK AT WORK	144 6 102 /07		41
	22. I hereb	y certify that I att	ended the	deccased from	ar 3/3/3/10 8	2 / May, 19	2, That I last saw the
	deceased a	live on 27 44	2, 19.57.	and that death occur	red at 2:35 Km. From t	he causes and on	the date stated above.
	23A. SIGNA	TURE	1 "	1 1 2	3B. ADDRESS		23C. DATE SIGNED
	691	una Wo	Zau I	road M.D.	Franklin 29	var Mora	0. 5/27/51
24	4A. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, to	wn, or county) (State)
TIC	on Removal (S Burial	5/30/51		18F 3 7 0 -		A	
D	ATE RECEIVE		SSIGNATE	Woodlawn Ce	25. FUNERAL DIRECTOR	dlawn Md.	ADDRESS
	OCAL REGIST		SIGNAIL	VIII	DIENAL DIRECTOR	5/0 1	4. 7
	MAY 28	31951	WANT !	INVENTAL ALLES	(1)/m. 11.5)	revery!	Sus
-	VS 150	·	hr.	A Company of the second		11	1 1000
	10 100		73.	633 6	C	916 Sail	20. 11h
							"



11-9						
45 51 4767 BALTIMORE CITY HI	EALTH DEPARTMENT 51	4767				
	E OF DEATH Registered No_	2707				
BIRTH NO.	L OI BEATTI					
(Type or Print) EDWARP E. KLINGELHOE	FER 2. DATE OF DEATH MAY	24-1951				
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if inst	itution : residence before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or	MD	01				
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write HURAL and give township					
1132. DUNDALKAVE Yrs.	D. STREET ADDRESS (If rural, give location)					
Mos.	1132 DUNDALK AVE					
5. SEX 6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years) if Unde					
WIDOWED, DIVORCED (Specify)	SEDT 7-1894 last birthday) Months	Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR		CITIZEN OF				
work do be during most of working life, even if retired)	134LTIMORE MD	WHAT COUNTRY?				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
PAVID	ELIZABETH.					
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (Yes, no or nnknown) (If yes, give war or dates of service)   SECURITY NO.	17. INFORMANT 1132 PAPP	RES / W				
(235) 25 CORTTY NO.	ANNA-B-KLINGELHOFFFR	AVF				
18. / M. CANSE	OF DEATH	INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY	000	5				
(This does not mean the mode of dying, e.g., (A)	Stonay Occlusion	J mus				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		E WALL				
ANTECEDENT CAUSES						
O DISEASES OR CONDITIONS, IF ANY, GIVING						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
UNDERLYING CONDITION LAST.  U  II  OTHER SIGNIFICANT CONDITIONS CON-						
OTHER SIGNIFICANT CONDITIONS CON-						
TO THE DISEASE OR CONDITION CAUSING IT	PATION	20. AUTOPSY?				
O 214 ACCIDENT SUICIDE   18 PLACE OF AN HERV (e.g.		YES NO				
21A. ACCIDENT, SUICIDE, 21B. PLACE OF MILIRY (e.g., phomicipe (Specify) about home, for ph. factory, street, office bldg.	in or   21C. WHERE DID (If in Baltimore City, give etc.)   INJURY OCCUR?	exact location)				
HOMICIDE (Specify)  About home, form, factory, street, office bldg.	TRION OCCUM					
D. TIME (Month) (Day) (Year)/(Hour) 21E. INJURY OCCURR	THE CONTRACTOR OF THE PARTY OF					
m. WHILE AT NOT WHILE M. AT WORK						
22. I hereby certify that I attended the deceased from		hat I last saw the				
deceased alive on, 19, and that death occur	rred atm., from the causes and on the c					
#34 SIGNATURE TURO ME	Lindalc-ry my	SC. DATE SIGNED				
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE		county) (State)				
TION, REMOVAL (Specify)  BURLAL MAY 28-1951 EMMANUE	DAITHADE A	10				
DATE RECEIVED BY REGISTRANS SIGNATURE	25. FUNERAL DIRECTOR AL	DRESS				
LOWA KEZISTROST	Places & F. Stoffen am 1639 Brown	dirans				
VS 150	The state of the s					
773 3	94	ta				



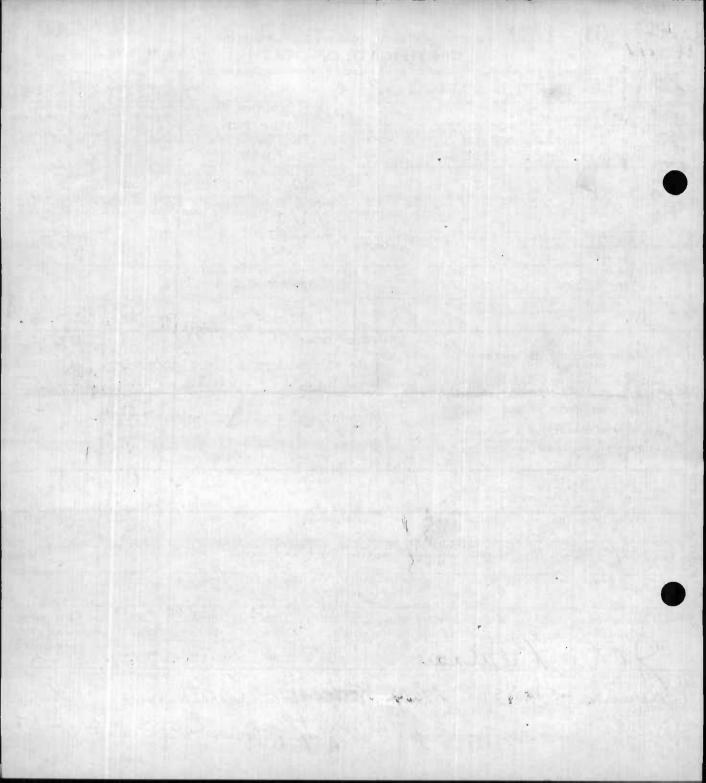
) BI.	61 RTH NO.	51 4768	BA	LTIMORE CITY HE		200	51 istered No_	4768
	NAME OF DE	DAV.	Kirga ID S	UMMERVILLE		2. DATE OF DEATH		
3. PLACE OF DEATH:  A. Baltimore City, Maryland				4. USUAL RESID	ENCE (Where decease B. CC	ed lived. If institu DUNTY	tion: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR HOSPITAL OR HOSPITAL OR Maryland General Hospital				C. CITY OR TOWN	(If outside corp	Voed be	township)	
Yrs. Mos. Days				D. STREET ADDR	ess (If rural, give lo	ocation)	08	
Vie	sex ale	6.COLOR OR RACE White		E. MARRIED. VED, DIVORCED (Specify)	Nov // 18			Year   I Under 24 Hours Days Hours Min.
10a. USUAL OCCUPATION (Give kind of other line) 10B. KIND OF BUSINESS OR INDUSTRY OF COMMENT OF STREET OF OTHER PROPERTY OTHER PROPERTY OF OTHER PROPERTY OTHER PROPERTY OF OTHER PROPERTY OF OTHER PROPERTY OF OTHER PROPERTY OTHER PROPERTY OF OTHER PROPERTY OTHER PROPERTY OF OTHER PROPERTY OF OTHER PROPERTY OTHER PROPE					11. BIRTHPLACE ( Balfim  14. MOTHER'S MA	State or foreign country ove. Md		CITIZEN OF VHAT COUNTRY?
13	John	Somerri	Ile	,	Margar	et -		
15 You	. WAS DECEASE , no or unknown)	D EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	merville	Laur	ss Md
ALIFICATION	heart failu injury or DISEASES RISE TO T UNDERLY	LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAUSON OF CONDITIONS. HE ABOVE CAUSE (A. ING CONDITION L. III IGNIFICANT CONDITION TO THE DEATH, BUT TO THE DEATH, BUT	of dying, e. ans the disea caused deat SES IF ANY, GIVI ) STATING TAST.	(B)	ase	c cardiova	scular	
CE	THE RESERVE AND ADDRESS OF THE PARTY.	F OPERATION		FINDINGS OF OPER	ATION			20. AUTOPSY?
EDICAL	UNDERLYING D	IAL CAUSE WAS  OR CONTRIB	about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e			ore City, give e	YES NO 4
2	210. T'	And and an analysis of the second second	(Hour)	WHILE AT NOT WHILE AT WORK	ED   21F. HOW DIE	INJURY OCCUR?		
	e remains described above, held an Inspection & Inquiry and from Autopsy, Inspection or Inquiry  ttopsy, Inspection or Inquiry, find that said deceased died on the day stated above, d from: natural causes X, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \).							
	W.D. MEDICAL INVESTIGATOR							25, 1951
1 Emmanyelcenty Scaggsyille Howard Co NATURE 25. FONERAL DIPECTOR ADDRESS MO							wandCo	
				501	3 A		93	) 1



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4769 Registered No.

BIRTH NO 1. NAME OF DECEASED (Type or Print) ISABELIE MELINA ACKERMANN OF May 25, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Marine Hospital C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Wyman Pk. Drive & 31st St. Towson Yrs. D. STREET ADDRESS (If rural, give location) Mos. 640 Charles Street Avenue agth of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 5. SEX 7. SINGLE, MARRIED 9. AGE (In years If Under | Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 8/21/81 Wid. 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY INDUSTRY Maryland None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Vitus Dicke Dorothy Michel 15. WAS DECEASED EVER IN U, S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECHRITY NO. Records-US Marine Hospital, Balto, Md. No None INTERVAL BETWEEN 18. CAUSE OF DEATH 420.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Acute right heart failure occurring LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. during biopsy of substernal thyroid. Immediate injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Coronary and aortic arteriosclerosis. ERTIFICATION (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK 19 5 that I last saw the 22. I hereby certify that I attended the deceased from. decegned alive on May 25 19.51 and that death occurred at 9:20Am., from the causes and on the date stated above. 23A SIGNATUR 23B. ADDRESS US Marine Hospital, Balto, Md. 244 BURAL, CREMA-CEMETERY OR CREMATORY OCATION (City, town, or county) 248. DATE 240 DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR VS 150



#### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Louis WILLIAM OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corp ratelimits, write toRAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 9. AGE (In years | II Under I Year | II Under 24 Hours | Last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) MARRIFO 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired)
SHEET METAL WORKER 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) ADDRESS SECURITY NO. 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the diseasc, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ш CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE! WORK AT WORK 22. I hereby certify that I attended the deceased from 19 4 50 m., from the causes and on the date stated above. deceased alive on\_ . 1951, and that death ofcurred at\_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL (GREMA-TION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY

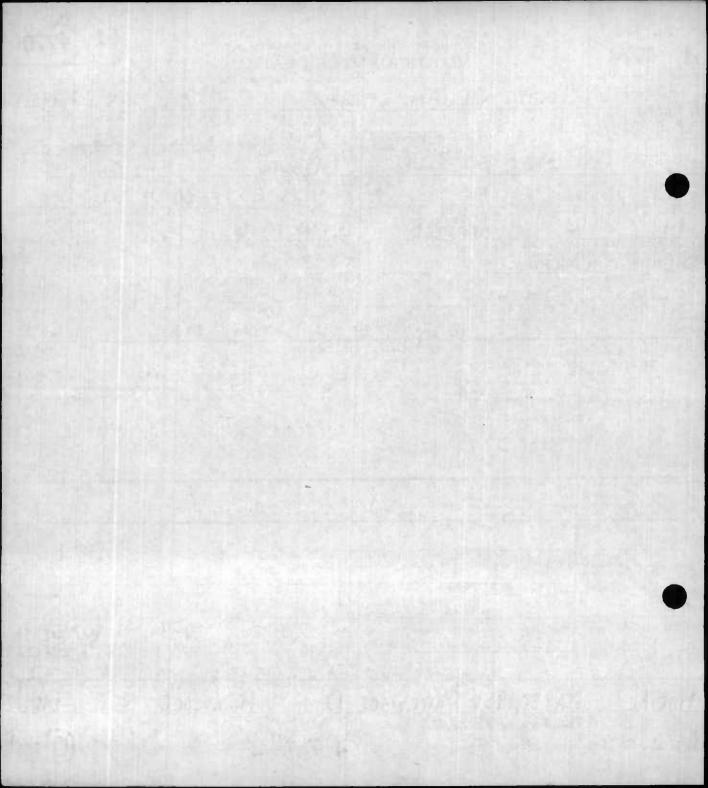
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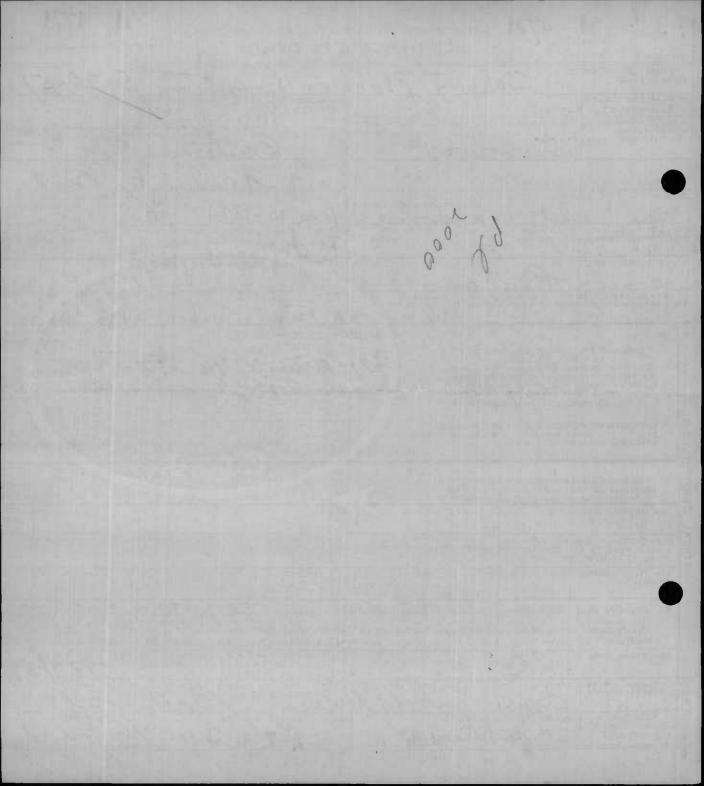
LOCAL REGISTRAR

25. FUNERAL DIRECTOR

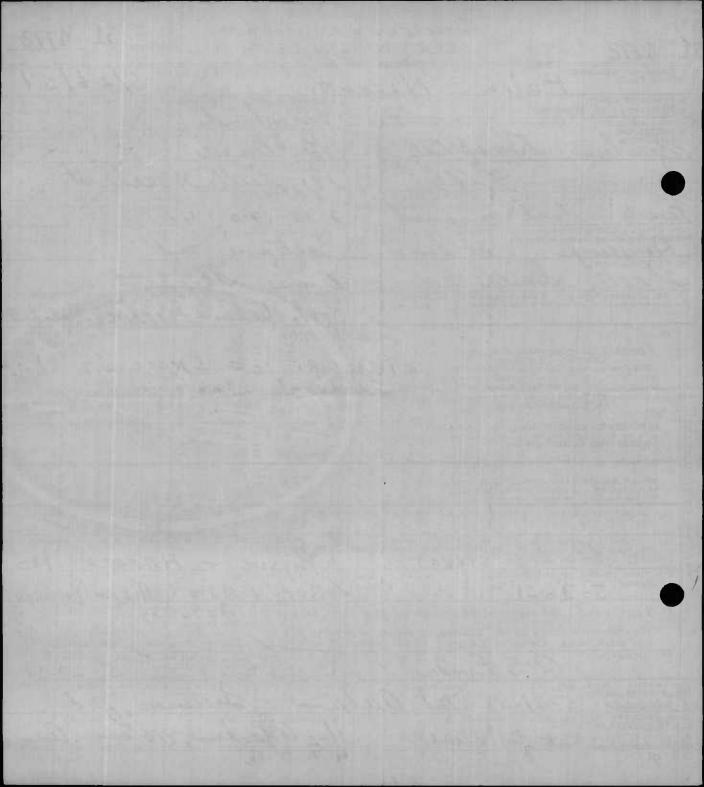
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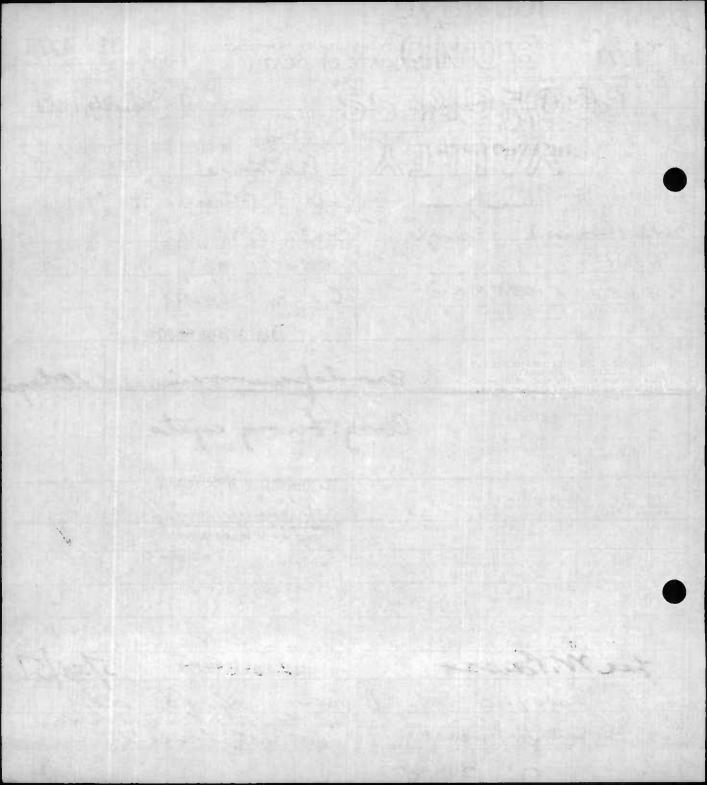
1	-26 51 4771 BALTIMORE CITY H	EALTH DEPARTMENT 51	4771
В	IRTH NO. P460 CERTIFICAT	E OF DEATH Registered No	
	Sype or Print) John J Pluc	her/DIUHAR) 2. DATE OF S-S	26-51
A	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If inst	itution : residence before admission)
H	FULL NAME OF f not in hospital or institution, give street address or ospital or institution, give street address or location.		
3	University Hospital Yrs.	D. STREET ADDRESS (If rural, give location)	township
	ngth of stay in Baltimore Mos. Days	617 Hashington	Blod.
5	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED Specify		I Year   M Under 24 Hours B Days   Hours Min.
10 wor	A USUAL OCCUPATION (Give kind of to during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12.	CITIZEN OF WHAT COUNTRY
15	FATHER'S NAME	Dallmare Md · 1	
11	WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL		
	(10) was DECEASED EVER'IN U. S. ARMED FORCES?  (10) roe, give war or dates of service)  (11) roe, give war or dates of service)	A My T. Plukan - 3 430	Elmona
	18. 4 20 0 1 CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) (A)	ERIOSCHERSTIC HEAT	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Disease	
_	ANTECEDENT CAUSES		
HOL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
RTIFICA	(C)		
RTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
CE	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
CAL	21a. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g.,	n or 21C. WHERE DID (If in Baltimore City, give	exact location)
(EDIC,	UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.		
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT WORK NOT WHILE AT WORK		
	22. I certify that I took charge of the remains described of	above, held an Autopsy, Inspection or Inquiry	hereon and from
	the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	Inquiry, find that said deceased died on the d	lay stated above, termined .
	23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER	
2. T/	BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE		ounty) (State)
6	ATE RECEIVED BY REGISTRA'S SIGNATURE	25 PUNERAL DIRECTOR JACK	DARESS O
1	MAY 281951 Lintington Williams, Mar	Jos Kugh 5305 Hary	ford A
V	S 151	930/	VIII



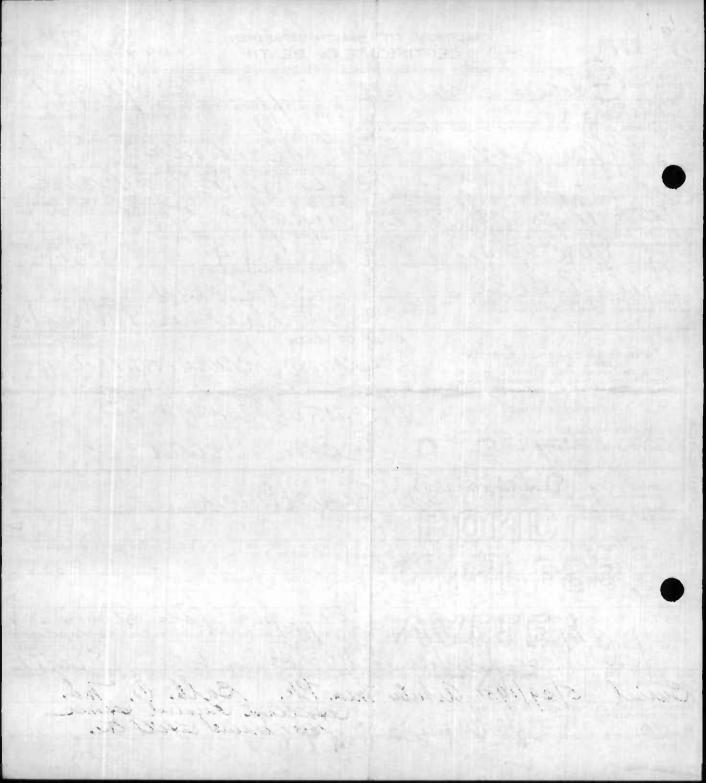
17772	ALTIMORE CITY HEAR		Registered 51	4772
1. NAME OF DECEASED Heleh	NICKU	m	2. DATE OF DEATH	6/51
a. Baltimore City, Maryland  B. FULL NAME OF f not in hospital or instit	Α	. USUAL RESIDENCE (W. STATE	here deceased lived. If instit	tution: residence before admission)
HOSRITATION HOSRIFATION HOSRIF	7	Jallins	outside corporate limits, wr	RURAL and give
gth of stay in Baltimore	Yrs. Mos. Days	817 Settle	rural, give location)	st.
Francis Control WIDO	LE, MARRIED, 8, DWED, DIVORCED (Specify)	DATE OF BIRTH	9. AGE (In years if bodes last birthday) Months	Year H Under 24 Hours Days Hours Min.
		BIRTHPLACE (State or fo		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME!	14	4. MOTHER'S MAIDEN NA	M. Jakad	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	INFORMAND .	ADDRI W 1817 Little	Welsh W
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, a heart failure, asthenia, etc. It means the disc injury or complication which caused des  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	e.g., (A) FRACT ase, tth.) DUE TO SUB C	URF OF Ivral hem		The services
DISEASES OR CONDITIONS, IF ANY, GIVEN RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTINUES TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	TED			
19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPERATI	ON		YES NO
(1) 21A. EXTERNAL CAUSE WAS   21B. P	LACE OF INJURY (e. g., in or e, farm, factory, street, office bldg., etc.)  2 1E. INJURY OCCURRED  WHILE AT NOT WHILE  WORK AT WORK	21c. WHERE DID (IIII) INJURY OCCUR?	tin Baltimore City, give of HARLE, occur?	Passeh av
22. I certify that I took charge of th		Autopsy, I	nspection or Inquiry	ereon and from
the evidence obtained by said Au and death in my opinion resulted	topsy, Inspection or Inquifrom: natural causes	, accident , suicide	, homicide undct	y stated above, cermined □. ATE SIGNED
1 RSF	alla M.D.		EXAMINER	-27-51
Duren 5-31-51	INT. WEBO	Jan Jan	CLEWICK TOWN, or co	unty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNAT	URE 25	S. FUNERAL DIRECTOR	10, 916 can	a, anen
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. D. O. A The Exams Case				
1 . and 'Il a thank				
	E OF DEATH Registered No			
1. NAME OF DECEASED (Type or Print) Powert Freeman	2. DATE OF DEATH Man 26, 1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, lightestitution: residence B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address of	md.			
HOSPITAL OR HOMES ROPKIES KOSPITAL location	C. CITY OR TOWN (If outside corporate limits, write RURAD and give			
c. Length of stay in Baltimore Yrs.  Mos. Days	D. STREET ADDRESS (If rural, give location)			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	1 8. DATE OF BIRTH 9. AGE (In years) Il linder I Year   If linder 24 House			
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF EVSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF			
rock done during most of warking life, even if retired)	BALTO. MD. WHAT COUNTRY?			
ROBERT FREEMAN	14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16 SOCIAL	GRACE LEWIS			
Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS			
18. 7 59. 0 , CAUSE	OF DEATH INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND DEATH			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	- La presentation 1000			
injury or complication which caused death.) DUE TO				
ANTECEDENT CAUSES	a tuna eveto			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO				
UNDERLYING CONDITION LAST. (C)				
	CERTIFICATION APPROVED BY			
OTHER SIGNIFICANT CONDITIONS CON-	Walling 1) de Sel			
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION   19B. MAJOR FINIS   19B. MAJOR F	RATION   20. AUTOPSY?			
2	CHIEF OR ASST. MEDICAL EXAMINER:			
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg.,				
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR				
m. WHILE AT NOT WHILE M. WORK AT WORK				
22. I hereby eertify that I attended the deceased from	, 19, to, 19, that I last saw the			
deceased alive on 37 3-26 1957, and that death occu				
fee Wildes	JOHNS ROPLINS HOSPITAL 23- PATE STATE STAT			
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or ounty) (State)			
Dunil May 29, 1951 Mt. Che	huln Sala. mo.			
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 ANER CIBECTOL Funlial ADRESTINE			
MAY 150	1 / 95% bright Dell Cre.			
1. Po approx Figlical. Exam.	107			



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C	1 47	74			E OF DEATH	Registered No.	
	NAME OF Type or Print)	DEORGIA	3 BA	SKER VILLE		2. DATE OF DEATH	26/51
Α.		City, Maryland			4. USUAL RESIDENCE (V		stitut on ; residence before admission)
H	FULL NAME SSPITAL OR STITUTION	OF (If not in hoapi	tal or institutio	n, give street address or location)		f outside corporate limits,	write RURAL and give
		100010	7	Yrs. Mos.	D. STREET ADDRESS A	Tural, give location)	151116
-	SEX	stay in Baltimore	7. SINGLE,	MARRIED, D, DIVORCEO (Specify)	8. DATE OF BIRTH	9. AGE un years If II	nder I Year   If Under 24 Hours ths; Days   Hours: Min.
10 work	A. USUAL OC	CCUPATION Give kind of of yorking life; even if retired	10B. KIND	OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State of f	)/	2., CITIZEN OF
	FATHER'S	UNICH	PWN	INDOSTRI	14. MOTHER'S MAIDEN N	AME	WART COUNTRY?
15	WAS DECEAS	ED EVER IN U. S. ARME	12R	16. SOCIAL	JUNIC.	NOWN	
(Yes	no or unknown)	(If yes, give war or dat	on of service)	SECURITY NO.	WALTER BASKE	RNICE 49	Trury lux
	18. DISEAS	SE OR CONDITION	DIRECTLY	CAUSE	OF DEATH		ONSET AND DEATH
	(This does heart failt	LEADING TO DEA s not mean the mode are, asthenia, etc. It me	TH of dying, e.g., ans the discase,		CALITED (AILCI	WOMA TOSIS	2 yas
	injury or	complication which  ANTECEDENT CAU		DUE TO US. TA	STATIC PARCE	WOMA OF	
ERTIFICATION	RISE TO T	S OR CONDITIONS, I'HE ABOVE CAUSE (A)	STATING THE			0 1	-
FICA	ONDERL	TING CONDITION L		(C)	ZILOLX U	72/61	
CERTI	TRIBUTING	SIGNIFICANT COND S TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED	SWERESE	CONDARY ANEM.	/A	
AL				FINDINGS OF OPER	RATION		20. AUTOPSY?
EDIC		DENT WAS UNDER- R CONTRIBUTING DEATH		E OF INJURY (e. g., i m, factory, street, office bldg.,		If in Baltimore City, gi	ve exact location)
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK					Y OCCUR?		
						that I last saw the	
	deceased a		, 19_\$ /. at	nd that death occur	rred at // Am., from t	he causes and on the	23c DATE SIGNED
	A. BURIAL,			C. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, town, o	r county) (State)
A	HILLA TE RECEIVE	D BY REGISTRAR	195/ C	whites m	25 EUNER DIRECTOR	all. Co.	Med.
M	AY 2819	5) Thurtie	ton Wille	ausa, M.D.	1631 Dru	el still a	he.
	VS 150	Way .	The same of the sa	To be designed in the	4 / 0 0		48a



- 5	25
51	4775
BIRTH	NO

Registered No. 4775

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Mayy DINKENS	2. DATE OF DEATH 5/26/5/
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or location)  HOSPITAL OR   location	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
institution rovidant Hospital	Saltimare township)
C. Hength of stay in Baltimore  7. September 1. Single Married.  7. Single Married.	9 24 9. Julean Tour
MARRIED (Specify	7/24/1890 60
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired)  HOUSE WILE  13. FATHER'S NAME	NATURAL BRIDGE, V= U.S.A.
MILTON F. JENKINS	MARY M. ANTHONY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown (If yes, give war or dates of service)  (If yes, give war or dates of service)  (If yes, give war or dates of service)	ESTHER DINKENS FULTON AVE.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	or DEATH  romany O elusion  eriusela votic Heart Disase  stive Heart Falan
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg.,	etc.) INJURY OCCUR?
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK	ED 21F. HOW DID INJURY OCCUR?
deceased alive on they 26, 19 II. and that death occur	rred at 5:15 km., from the cluscs and on the date stated above.  23B. ADDRESS   23G DATE SIGNED
24A. BURIAL, CREMA: 24B. DATE 24C NAME OF CEMETE	722 4. Julion due 5/26/5/
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25 JYNER POR PERSON Survey Consider
MAY 281951 tuiti for Williams, May 05	1 x6 1 Drivil Still are

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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

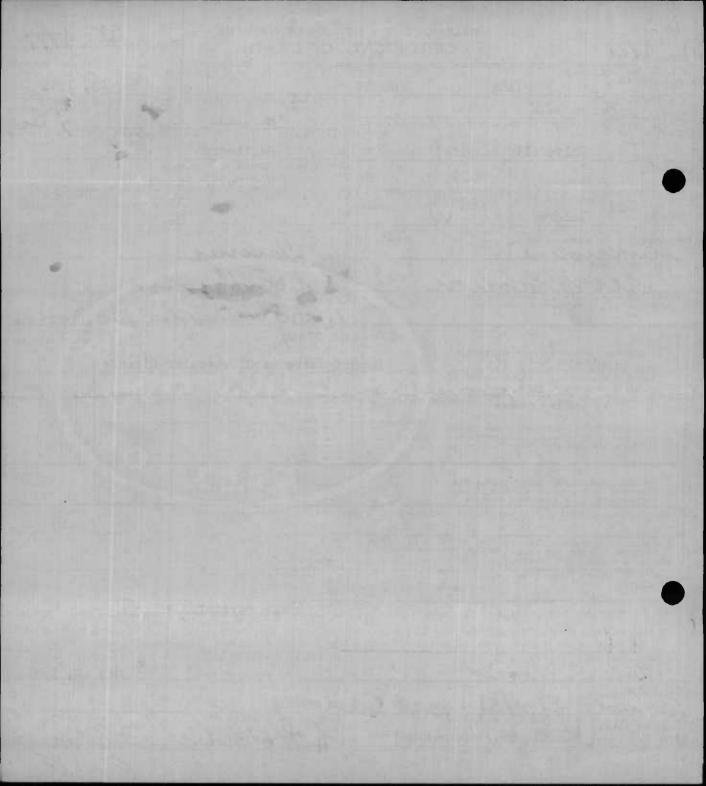
egistered No. 4776

BIRTH NO.		ERTIFICAT	E OF DEATH	registered	-140
1. NAME OF DECEASED (Type or Print)				2. DATE	
	THOMAS	HENRY	BLAIRE	DEATH 5	-25-51
3. PLACE OF DEATH: A. Baltimore City, Mar	yland		4. USUAL RESIDENCE (	Where deceased lived.	If institution: residence before admission)
B. FULL NAME OF (If I	not in hospital or institution	give street address or location)		426	1 7
INSTITUTION -	DAILINEST	1/25		f outside corporate lin	nite, write RURAL and eige town hip)
[0]	ROUIDENT	7703P		VORE	
a moth of stay in Da	14:man 1/F	F Mos.			• 11
c. Length of stay in Ba	OR RACE   7. SINGLE, I	Days Days	8. DATE OF BIRTH	e Cunh	Il linder I Year   If linder 24 Hours
	RGRO WIDOWEL	DIVORCED (Specify)	ten .1.1878	13	Months Days Hours Min.
10A. USUAL OCCUPATION ork done during post of working life,	(Give kind of 10B KIND O	F BUSINESS OR	11. BIRTHPLACE (State or i		12. CITIZEN OF
Janner	That (	Muce	DALIO,		U.S.A.
13. FATHER'S NAME	DE DIAM	111	14. MOTHER'S MAIDEN N		
NHU	ES ISLAKE	₹ V	EYTEN	SMITH	
15. WAS DECEASED EVER IN Yes, no unknown) (If yes, gi	U, S. ARMED FORCES?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
M.			SISTER	S	BAME
18. 420.0	1	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CO	NDITION DIRECTLY	17	TERIOSCLE	D. Tra WT	
(This does not mean	the mode of dying, e.g., , etc. It means the disease,	(A)	1 GILLOSCYE	KO 116 /1/1	UIS
injury or complication	on which caused death.)	DUE TO			
ANTECED	ENT CAUSES				
DISPASES OF CONT	DITIONS, IF ANY, GIVING	(B)	***************************************	***************************************	
RISE TO THE ABOVE UNDERLYING CON	CAUSE (A) STATING THE	DUE TO			
S SINDERETING CON	DITION EAST.	(C)		**************************************	
	11	~			
	NT CONDITIONS CON-	PADIMUS	ONISM - SENILI	TY	
TO THE DISEASE OR	CONDITION CAUSING IT.	1 Attribute	onti sty OZMIXI	1	
194. DATE OF OPERAT	TION   198. MAJOR F	INDINGS OF OPER	RATION		20. AUTOPSY?
314 ACCUPENT WAS	11NDSD 21B PLACE	E OF INJURY (e. g., i	B or   21c. WHERE DID (	If in Baltimore City	YES NO
21A. ACCIDENT WAS LYING OR CONTRIL CAUSE OF DEATH		, factory, street, office bldg.,		ii iii baltimore City,	, give exact location)
TIME (Month) (I	Day) (Year) (Hour) 21	E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
		DRK NOT WHILE			
22. I hereby certify	that I attended the de	ceased from 5	-11-5/19 to 5	7-25-516	, that I last saw the
deceased alive on			rred at 12 Pm., from t	he causes and on	
23A. SIGNATURE	- Pichnes		Provide +	Han.	23c. DATE SIGNED 5-25-5
24A. BURIAL, CREMA- 24	4B. DATE 24	NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, tow	n, or county) (State)
Jurial 5	128/1951	mr. Ca	where K	Pattinin	e, md.
DATE RECEIVED BY   RE	GISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	Aurelia	P ADDRESSAML
MAY 281951 1	The time ton Millia	MALM ALM	163	11 A TH	11 and
VS 150			- Juna		
VS 150	. 60	W	9/08		^ <

MUNICIPAL AND BE A STATE OF THE STA J. Warner and M. is well and the 12 2 01 MANUEL ENGINEE ALTONO - WEST ROLL OF THE STREET Specifical in the contraction of the contractions and the second of the second

# CERTIFICATE OF DEATH Registered No. 4777

B	RTH NO.						
	NAME OF DE		CK	BURNETT		OF May 2	3, 1951
	Baltimore C				4. USUAL RESIDENCE (W		
H	FULL NAME ( OSPITAL OR ISTITUTION	OF (If not in hospita	al or instituti	on, give street address or location)	Maryland c. CITY OR TOWN (If	outside corporate limits, y	title LRAL and give township)
	33	University	Hospit	al	Baltimor	e V	cownsi:ip7
7				Yrs. Mos.	D. STREET ADDRESS (If )		
4		tay in Baltimore		Days	725 Dove		1 - 0 V 1 46 H - 1 - 2/4 64
5.	Male	Colored		MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) 60 Month	BY I Year Hours Hours Min.
		CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)   12	CITIZEN OF WHAT COUNTRY?
	unk	noun			Virgini	a	
13	B. FATHER'S N	AME	•		14. MOTHER'S MAIDEN NA	ME	
	14	Men	ow	n	- My	cour	
	s, no or unknown)	D EVER N U. S. ARMED (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	MARIE Wash	ADD 7.5	RESS .
	18.	12 2		CAUSE	OF DEATH		INTERVAL BETWEEN
		3 × I SE OR CONDITION	DIRECTLY				ONSET AND DEATH
		LEADING TO DEA'	TH	Hype:	rtensive cardiovas	cular disease	
		re, asthenia, etc. It mea complication which o					
		ANTECEDENT CAUS	SES				
7	(8)						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)							
AT	UNDERLY	ING CONDITION LA	.51.	(C)			
FIC		11					
RTI	TRIBUTING	IGNIFICANT CONDI	NOT RELATE	D			
CE	200	SEASE OR CONDITION F OPERATION   1	and the second second second second	FINDINGS OF OPER	ATION		20. AUTOPSY?
AL	ISA. DAIL O	OF ERRATION .	55. M/10011	1111011100 01 01 1			YES X NO
DIC	UNDERLYING	IAL CAUSE WAS G OR CONTRIB-	21B. PLA ebout home, fa	CE OF INJURY (e.g., inrm, factory, street, office bldg.,		f in Baltimore City, give	exact location)
N		Month) (Day) (Year)	(Hour)   2	21E. INJURY OCCURR	ED   21F. HOW DID INJURY	OCCUR?	
	FINJURY			HILE AT NOT WHILE			
22. I certify that I took charge of the remains described above, held an Partial Autopsy the					thereon and from		
	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \) undetermined \( \subseteq \).						
	23A. SIGNAT	TURE 1/2	- State		238. CHIEF MEDICAL E ASSISTANT MEDICAL E	EXAMINER 23C.	DATE SIGNED
2	4A. BURIAL C	REMA- 248. DATE	2	4c. NAME OF CEMETE	Control of the Contro	OCATION (City, town, or	property with a plant with the Park Share with the
TI	THE MOVAL'S	5/31	151	max Ca	han ,	HIRETIA,	
15	ATE RECEIVED			RE	25. FUNERAL DIRECTOR	110 A	DDRESS
N	MAY 2819	51 thutting	in Milli	russ, Ales	Of Hally	11/ 1/8	Land
V	S 151		-: 3	(A)	4/// 4//	and I	1
						471/2	11/1



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RIDTU	NO	

Registered No. 4778

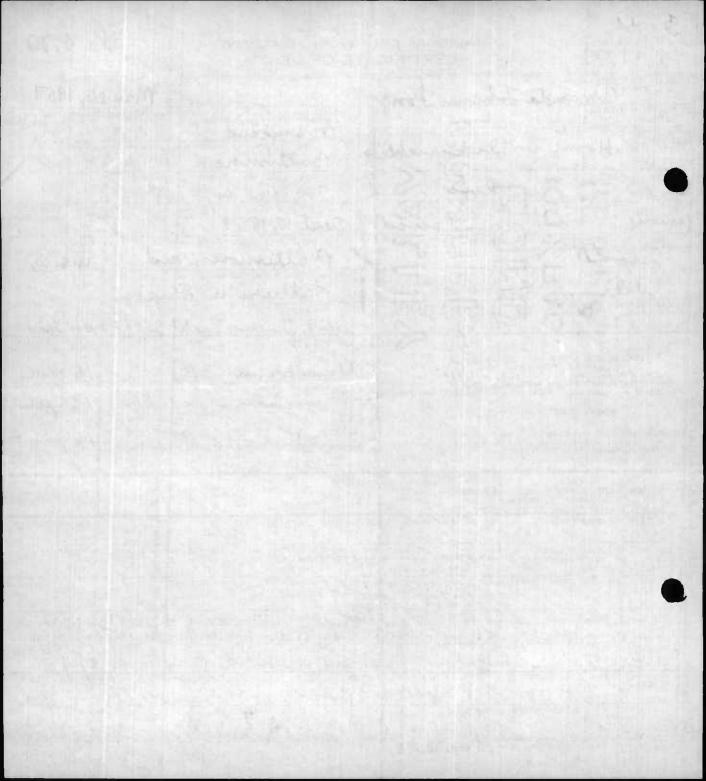
	ype or Print)	Mary Royst	er			OF DEATH 5-2	26-51
3. PLACE OF DEATH:  A. Baltimore City, Maryland					4. USUAL RESIDENCE (WA. STATE	here deceased lived.	If institution: residence before admission)
H	FULL NAME O DSPITAL OR ISTITUTION	Baltimo	re City	Hospitals ocation)	C. CITY OR TOWN (If outside co por ite limits, write RURAL and gi		
-	4	4940 -a	stern A	70.	Baltimore D. STREET ADDRESS (If 1	rural, give location)	
-		ay in Baltimore		rs. Mos. Days	716 Harford Ave.		
-	sex emale	6. COLOR OR RACE	7. SINGL WIDOY	E. MARRIED, VED, DIVORCED (Specify)	Aug. 1, 1911	9. AGE (In years last birthday)	Months Days Hours Min.
		CUPATION (Give kind) working life, even if retired		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S N		ote		14. MOTHER'S MAIDEN NA Marie Hawkins	ME	
15 (Ye	. WAS DECEASE , no or nnknown)	D EVER IN U.S. ARM (If yes, give war or da	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANTE B. C. H. cords	, 4940 East	ADDRESS term Ave.
	18. 096	2 X 1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving e.g., (A)						25° W. 5
d	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO Hepatorenal syndrome with uremia						2 wks
N	ANTECEDENT CAUSES Infectious Hepatitis						3 wks
	Towar season of the season						
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						over
FIC.							
ERT	TRIBUTING	GNIFICANT CONI TO THE DEATH, BU' SEASE OR CONDITION	NOT RELAT	EO			
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION					ATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH  CAUSE OF DEATH							y, give exact location)
1D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK  AT WORK							
	22. I hereby certify that I attended the deceased from 5-10-51, 19, to May 26, 19 51th						51 that I last saw th
	deceased alive on May 26, 1951, and that death occurred at 1.40 My from the causes and on the d						the date stated above
	23A, SIGNAI	G. S.	Ole	Jean M. D.	4940 Eastern Ave.		5-26-51
	4A. BURIAL, CON REMOVAL (S		1-1	4c. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, tow	vn, or county) (State)
D	ATE RECEIVED		S SIGNAT	URE	25. FUNERAL DIRECTOR	Meron	ADDRESS
L	ANV 2819	51 turb	to Will		Mis. Total	- a. Ellis	of + Sandile
-	VS 150		-	300	1 11297.	Carolin	ie It.
			4	12 08	4		200

See Document File 51-4778
\_ 6/13/51
ES

500	0
BIRTH NO.	4779

T S1 4779
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Omanda Johann Long	2. DATE OF May 26, 1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, It Institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in haspital or institution, give street address or HOSPITAL OR ) Jocation)	
INSTITUTION from for successives	C. CITY OR TOWN (If outside corporate limits, write RUFAL and give township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under I Year   If Under 24 Hours
female white WIDOWED, DIVORGED (Specify)	Sept. 17, 1877 last birthday) Months Days Hours Min
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR prk done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
none -	13 altimore, ma u.s.a.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EYER IN U. S. ARMED FORCES?   16. SOCIAL	ratherine Shypley
Yee, no or unknown) (17 yes, give war nr dates nf service) SECURITY NO.	17. INFORMANT ADDRESS
7 7	M. T. Owens, high sups, Home for sucurefly
DISEASE OR CONDITION DIRECTLY	OF DEATH
LEADING TO DEATH (This does not mean the mode of dying, e, g.,	Lewiblian Tett
heart failure, asthenia, etc. It means the disease,	
ANTECEDENT CAUSES	tereschoosis (Generalyd) 16 years
(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	sential Whysterson /6 years +
UNDERLYING CONDITION LAST.	
II .	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., e	
TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
MHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	10 , 1937, to May 26 , 195, that I last saw the
	red at 4. Som., from the couses and on the date stated above.
23A. SIGNATURE 2	38. ADDRESS 214 medial (at Bulling 5/245/
24A. BURIAL, CREMA- 24B. DATE U 24C. NAME OF CEMETE	
Burial 5/28/51 Mt. Ca.	uncel. A Soundle St. mr.
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 281951 1 4 Kin E 1 1	Jahr & Connelly. Essex. 21-
VS 150 White alon / Villiants, M. M.	1 day and
O' to the state of	829 min,

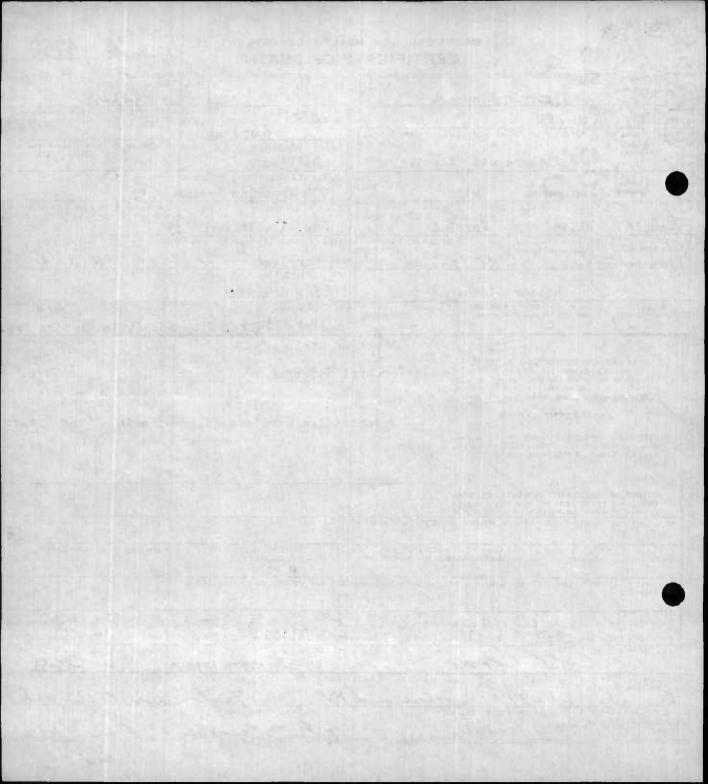




#### BALTIMORE CITY HEALTH DEPARTMENT R

51	4780
Registered No	4700

BI	RTH NO.			CERTIFICATI	E OF DEATH				
	NAME OF D				2. DATE				
Gertrude Rinehart					OF DEATH 5-24-51				
S. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived, If inst	titution; residence before admission)			
H	FULL NAME OSPITAL OR	OF (If not in hospit	al or instituti	on, give street address or location)	c. CITY OR TOWN (If outside corporate limits, w	rite RURAL and give			
IN	STITUTION	Baltimor	e City	Hospital	Baltimore Esse	township)			
	Questh of a	tors in D-14i	Lif	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
	SEX	tay in Baltimore		Days Days	703 Franklin Avenue	er 1 Year   If Under 24 Hours			
	Female	White		ED, DIVORCED (Specify)					
		CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR		CITIZEN OF			
. 01	Louses	. /	1/1	INDUSTRY	Maryland	WHAT COUNTRY?			
13	FATHER'S			20200	14. MOTHER'S MAIDEN NAME	110.11.			
			Lindne	r	? Mannuman				
15 (Yes	. WAS DECEASI	ED EVER IN U. S. ARMED (If yee, give war or dated	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT ADDI	RESS 4940			
	-	_		-	Records* Balto. City Hospitals	Eastern Ave.			
	18. HL	/2 v		CAUSE	OF DEATH	INTERVAL BETWEEN			
	DISEA	SE OR CONDITION	DIRECTLY			ONSET AND DEATH			
		1 Hemorrhage	7hrs.						
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								
	injury or complication which caused death.) OUE TO								
_	ANTECEDENT CAUSES Hypertensive Cardiovascular Disease Over 5ye								
ő	DISEASE	S OR CONDITIONS, 1	F ANY, GIVIN	(3)		20 - 22 - 2			
F		THE ABOVE CAUSE (A)		E DUE TO					
O.									
느		- 11		(C)					
ERTIFICATION		G TO THE DEATH, BUT							
CE		SEASE OR CONDITION	CAUSING 1	T					
AL	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION	20. AUTOPSY?			
Ö		ENT. SUICIDE.		CE OF INJURY (e.g., i					
IEDICAL	HOMICIDE	(Specify)	about bome, f	arm, factory, street, office bldg.,	etc.) INJURY OCCUR?				
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?				
	INJURY		m.	WORK NOT WHILE					
	22 7 7 2				5-24 ,1951 to 5-24 ,19 51t	hat I last saw the			
	deceased a	by certify that I att			rred at 11:00nF from the causes and on the				
	23A. SIGNA					3c. DATE SIGNED			
		1.	200	M. O.	4940 Eastern Avenue	5-25-51			
	4A. BURIAL,		1	24C. NAME OF CEMETE		county) (State)			
TI	ON REMOVAL	L 5/28,	101	Moreland	PK Jula No B	of real			
D	ATE RECEIVE		S SIGNATU		25. FUNERAL DIRECTOR AI	DDRESS			
	CAL REGIST		The Will.		1 h mm -no r	1111-			
=	MAI ZO	19011	11974	and the	James Comelly. Es	4 -1-			
	VS 150			The Agreement signer	9372	ed.			



1	47 RTH NO.	81		BAI			OF DEAT		Registere	51. d No	4781
1. (T	NAME O	F DECEAS		es Edr	nund S	eipp			2. DATE OF DEATH MAY	27.	I95I
Α.	PLACE O Baltimon		Iaryland I	Baltimo	ore, C	ity	4. USUAL RESIDE A. STATE Maryland		here deceased lived B. COUNTY	. If institu	tion : residence before admission)
H	OSPITAL (	OR N	Byrd S			location)	c. CITY OR TOWN Baltimore		outside corporate li	mits, write	RURAL and give township)
	On orth		Baltimore	Life		Yrs. Mos.	D. STREET ADDRE	ss (If r	ural, give location)	4	09
-	sex Male	6.CO	OR OR RACE	7. SINGL	E. MARRIED		8. DATE OF BIRTH	1	9. AGE (in years	if Under I Months I	
1 C	A. USUAL	OCCUPAT	ION (Give kind of	IOB. KIND		INDUSTRY	Baltimo	State or fo	reign country)	12. C	ITIZEN OF
13	FATHER	J. S	eipp	THE VOL			14. MOTHER'S MA				
15 (Ye	. WAS DEC	EASED EVER	IN U.S. ARME	D FORCES?	16. SOCIA SECU	RITY NO.	17. INFORMANT	J. Se	ipp 1706	ADDRES	
RTIFICATION	(This heart injury	does not m failure, asth or compli	CONDITION ING TO DEA ean the mode enia, etc. It me- cation which CEDENT CAU ONDITIONS, DVE CAUSE (A) CONDITION L	TH of dying, e. ans the diseas caused death SES  IF ANY, GIVII STATING T	NG DUE TO		Inse j	lhi.	onbose s	à	L month Swent years.
CERTI	TRIBU	TING TO TH	II ICANT COND IE DEATH, BUT OR CONDITION	NOT RELAT	N - ED						
AL	19A, DAT	E OF OPE	RATION	I9в. MAJOR	FINDINGS	OF OPERA	TION				YES NO
1EDICA	HOMICII	DE (Spe	JICIDE, cify)	21B. PL	ACE OF INJ farm, factory, str	URY (e. g., in eet, office bldg., et	21c. WHERE D INJURY OCCU		f in Baltimore Cit.	y, give ex	act location)
2	D. TIM	E (Month) RY	(Day) (Year		21E. INJUR WHILE AT WORK	NOT WHILE	21F. HOW DID				
			ify that I at				946, 19 red at 2/30 Am.	, to, from th	re causes and or	SZ, than the date	t I last saw the
	23A. 919		es 7	ole	1	' м. р.	1026 7	-01	2 + aux	230	DATE SIGNED
TI	Buria	L. CREMA- L (Specify)	May 3I				y or CREMATORY		O. Md.	wn, or cou	nty) (State)

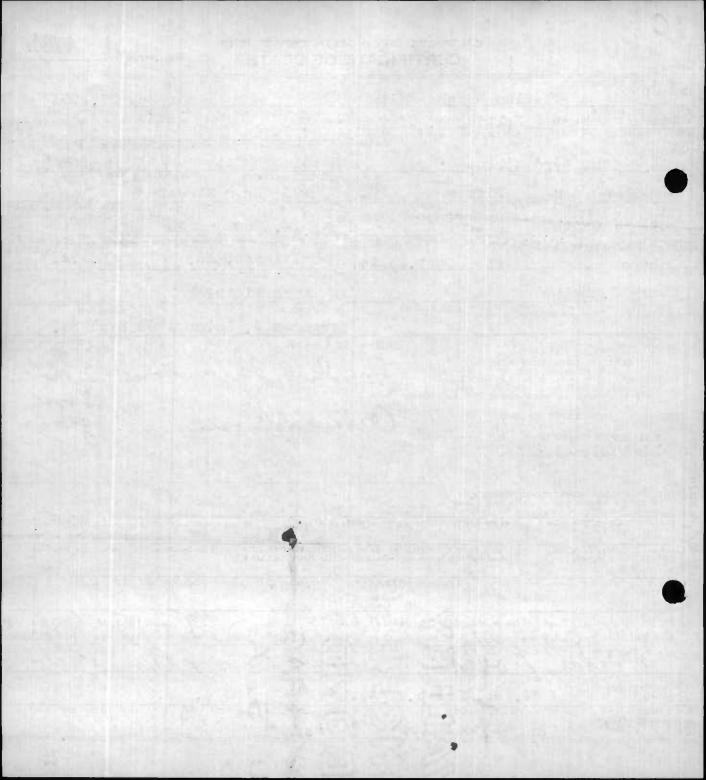
VS 150

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

untigton Williams, 150

25. FUNERAL DIRECTOR 3 ADDRESS Flynn & Fleming I426 Light St



300
DE RTH NO. 782
1. NAME OF DE (Type or Print) FGRD/
a. Baltimore C
B. FULL NAME OF HOSPITAL OR INSTITUTION
c. Dength of st
5. SEX
10A. USUAL OCC

Registered No. 4782

BIRTH NO.					
1. NAME OF (Type or Print FER	DECEASED JOH!	U REED		2. DATE OF DEATH 5-	28-51
3. PLACE OF	DEATH: City, Maryland	tal or institution, give street address	4. USUAL RESIDENCE ( A. STATE  OT   AREY LAND		institution : residence before admission)
HOSPITAL O	R/11/	locatio		If outside corporate limits	s, write RULAL and give ownship)
	stay in Baltimore	Yrs Mos Day	D. STREET ADDRESS (I	f rural, give location)	
5. SEX	6. COLOR OR RACE		8. DATE OF BIRTH	9. AGE (In years   II	Under I Year II Under 24 Hours nths Days Hours Min.
ork done during me	OCCUPATION (Give kindo pet of working life even if retired PINA CIERK,	) INDUSTE	11. BIRTHPLACE (State or :	foreign country)  HD.	12. CITIZEN OF
JOHN	AREED	(M)	14. MOTHER'S MAIDEN N		
15. WAS DECE.	ASED EVER IN U. S. ARME (If yea, give war or dat	D FORCES? 16, SOCIAL SECURITY NO.	WIFE MRS, A	HNAT. Reed (I	DDRESS
(This dineart fain jury of the control of the contr	ASE OR CONDITION LEADING TO DEA oes not mean the mode ilure, asthenia, etc. It me or complication which ANTECEDENT CAU SES OR CONDITIONS, THE ABOVE CAUSE (A) LYING CONDITION L.  SIGNIFICANT COND NG TO THE DEATH, BUT	TH of dying, e. g., ans the disease, caused death.)  SES  IF ANY, GIVING STATING THE AST.  (A)  (A)  (B)  (B)  (C)  (C)  (C)	ATORY THROMA	10 PHLE B 1715	3 whs
TO THE	DISEASE OR CONDITION		ERATION		20. AUTOPSY?
	IDENT WAS UNDER. OR CONTRIBUTING TO DEATH	218. PLACE OF INJURY (e. g about home, farm, factory, street, office bld	, in or 21c. WHERE DID (g.,etc.) INJURY OCCUR?	(If in Baltimore City, g	
INJUR	(Month) (Day) (Year	) (Hour) 21E. INJURY OCCUR  MHILE AT NOT WHILE AT WORK AT WORK	E	Y OCCUR?	
22. I her deceased 23A. SIGN	alive on 5-28	tended the deceased from, 19 <b>.5</b> ½, and that death occ	5-17, 1951, to_ urred at 6:20 Am., from : 23B. ADDRESS	5 - 28, 1957 the causes and on the	that I last saw the edate stated above.  23c. DATE SIGNED
24A. BURIAL	CREMA- 248 DATE	M. D.   24C. NAME OF CEMET	121	LOCATION (City, town,	
	CTDAD	'S SIGNATURE	DECEMEN 25. FUNERAL DIRECTOR	Sasto Mar.	ADDRESS Pd
VS 150		342	YP		100B

STATE OF STREET EASTER LANDING FOREST TO BE STATE OF THE The country of the consequence o

BALTIMORE CITY HEALTH DEPARTMENT Registered No.1 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR ZOWN (If outside corporate limits, write RURAL and give township) Yrs. D. STREET ADDRESS (If rund give location) Mos. c. Length of stay in Baltimore Days If Under 1 Year 6. COLOR OR RACE 9. AGE (In years) DOWED, DIVORCED (Specify last birthday) Months; Days Hours: Min. 10A. USUAL OCCUPATION (Givelind of LACE (State or foreign country) 10B, KIND OF BUSINESS OR work done during most of working life, even if vired) INDUSTRY Housewe 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. NTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE, 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT WORK , 1957, that I last saw the 22. I hereby certify that I attended the deceased from 19 5 and that death occurred at 3 deceased alive on May 23 m., from the causes and on the date stated above. 23A STONATURE 248. DATE REMOVAL (Specify) DATE RECEIVED BY

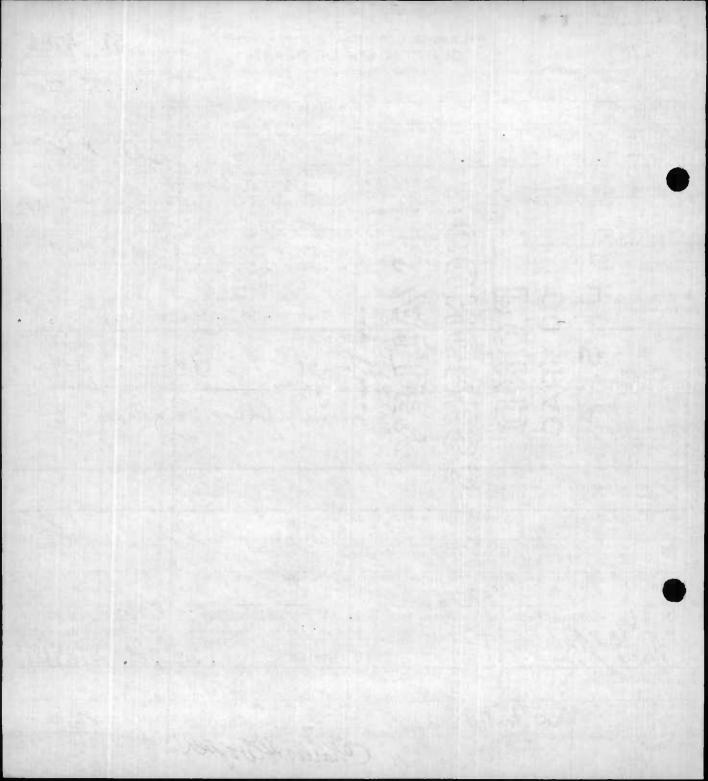
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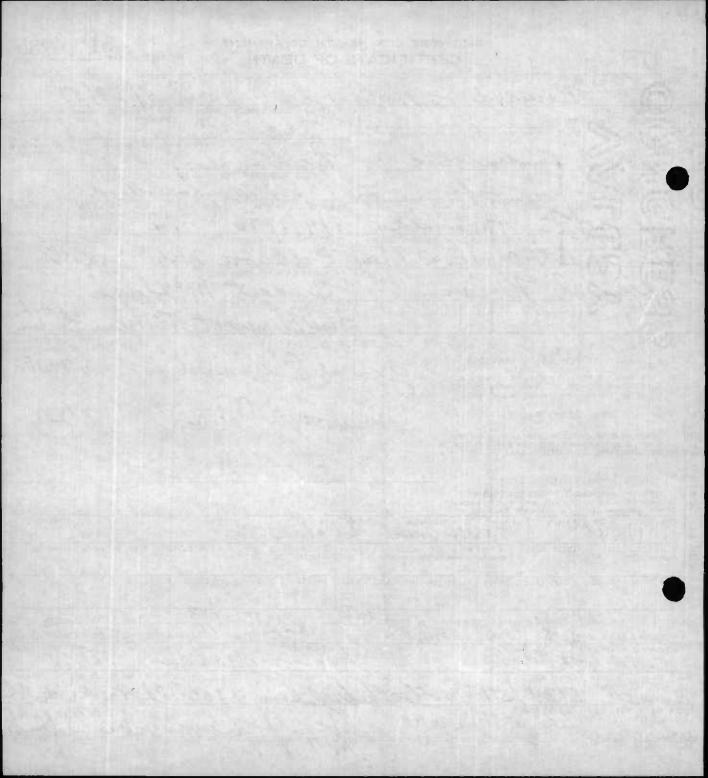
CARLLE MICHERINGER 4916 Levil E. Mar Mark Charding Frieder Comment of the second s The state of the s

egistered No. 4784

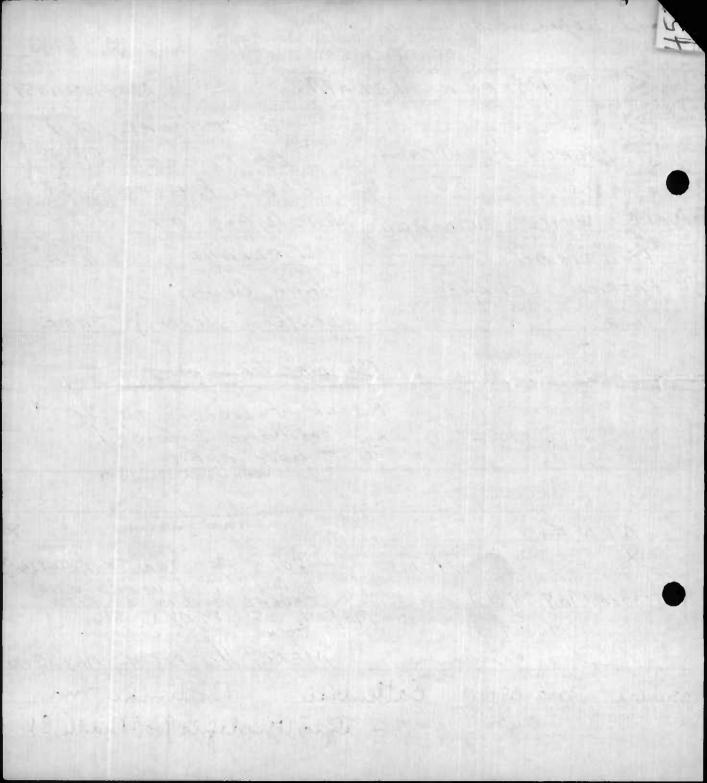
BIRTH NO.	RTIFICATE	E OF DEATH	Registered	No.
1. NAME OF DECEASED (Type or Print)  ALFRED ERONN			2. DATE Ma	y 25, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (A. STATE Warvland	Where deceased lived, I B. COUNTY	f institution : residence before admission
B. FULL NAME OF US (If not in hospital or institution, given the Hospital or INSTITUTION  Wyman Pk. Drive & 31st St.	ve street address or location)	c. CITY OR TOWN (Baltimore	If outside corporate limit	its, write RU, All and give township
c. Ongth of stay in Baltimore ? 20yr	Yrs. Mos. Days	o. street address (1 510 Pulasi	frural, give location) ki Street - A	v.
5. SEX 6. COLOR OR RACE 7. SINGLE, MAR WIDOWED, D. Separate	IVORCED (Specify)	8. DATE OF BIRTH ? 6/9/1893	9. AGE (In years last birthday) M	I Under 1 Year Ionths Days Hours Min.
10A. USUAL OCCUPATION (Givekind of prk dame during most of working life, even if retired)  Porter  10B. KIND OF E	INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
? Um. Bro n		14. MOTHER'S MAIDEN I	NAME	
	SECURITY NO.	17. INFORMANT Records- US N		al, Balto, Md.
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING	(A) Py (A) DUE TO (C)	mons celles	with ureme	2 3-4wk
19A. DATE OF OPERATION 19B. MAJOR FINE	INGS OF OPER	ATION		20. AUTOPSY?
	FINJURY (e. g., in tory,street, office bldg., e		(If in Baltimore City,	give exact location)
210. TIME (Month) (Day) (Year) (Hour)   21E. II WHILE A WORK			RY OCCUR?	
22. I hereby certify that I attended the deceded deceased after on 124 25, 1954, and t	hat death occur		the causes and on	51, that I last saw th the date stated above
TION, REMOVAL (Specify)	IAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town	
Burial 5/29/51/ Ba.  DATE RECEIVED BY REGISTRAR'S SIGNATURE  MAY 281951	Ito. Nat'	25. FUNERAL DIRECTOR		ADDRESS arrollton hv
VS 150 780	6M C	Charles Hive	per	52B



450	
1 4785 BALTIMORE CITY HEALTH CERTIFICATE OF	4 (0.)
1. NAME OF DECEASED Remard I holome	lr 2. DATE OF DEATH 5/18/57
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STAT	JAL RESIDENCE (Where deceased lived, If institution: residence
INSTITUTION	OR TOWN (If outside corporate limits, Frit RVICAL and give
136 S. Loudon are B	attimore township) EET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Lefe Mos. Days / 3	6 S. Loudon are
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCER (Specify) 8/2	9. AGE (In years If Under I Year If Under 24 Hours Min.
10A. USUAL OCCUPATION (Givekind of North control of State	THPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S, NAME 14. MOT	THER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL 17. INF	orman Japan
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Margaret T. Wolan Loudon
DISEASE OR CONDITION DIRECTLY	ATH ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Cal Unimalizes 6 months
ANTECEDENT CAUSES	. D. Calin 3 lyans
Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	a y care
UNDERLYING CONDITION LAST.	
CO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	20, AUTOPSY?
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g(fn or about home, farm, factory, street, office bldg., etc.) INJ	WHERE DID (If in Baltimore City, give exact location)
7	URY OCCUR?
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F	. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 174	1948, to 928 , 1957, that I last saw the
deceased alive on 1901, and that death occurred at 234 STONATURE 238 ADD	Am., from the causes and on the date stated above.  RESS 23c PATE/SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CF	2 Frederick ales SYSWY REMATORY   24p. LOCATION (City, town, or county) (State)
Burial 5/31/51 how bathedral	Lan. 4300 ald Brederick Rt
DATE RECEIVED BY LOCAL REGISTRARY'S SIGNATURE	hn L. Cowan Son Hollins
MAV5450 1951 50434	77 46 E



be approved by Coro Registered No. TIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) PATRICK LELAND DEATH /1/4/25, /95/ 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) TIMORE MO
(If outside corporate limits, write RURAL and give B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN INSTITUTION OSPITAL Yrs. D. STREET ADDRESS (If rural, give location) dies. ength of stay in Baltimore PRESTON 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years | M Under | Year | M Under 24 Hours last birthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) WHITE WIDOWED 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? + RELAND OHICE MAN 115A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ATRICK LELAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. SONIEDWARD uni SAME 18. INTERVAL BETWEEN 16.01 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., PARDIAC FAILURE heart failure, asthenia, etc. It menns the disease. injury or complication which caused death.) DUE TO SHOCK FOLLOWING ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO AND 3Rd Degree BURNS RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) BODY ARE OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE QF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CHIEF OR ASST. MEDICAL EXAMINER. NO X YES 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore, City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) DROPPED PIPE IN BED 21E, INJURY OCCURRED INJURY NOT WHILE CAUGHT WORK BEDBING , 195, to MAY 25195, that I last saw the 22. I hereby certify that I attended the deceased from MAV24 deceased alive on May 25,1951, and that death occurred at 21.05Am., from the causes and on the date stated above, 23A. SLONATURE 23c. DATE SIGNED 24A. LORIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24B, DATE 24D. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR MAY 28795

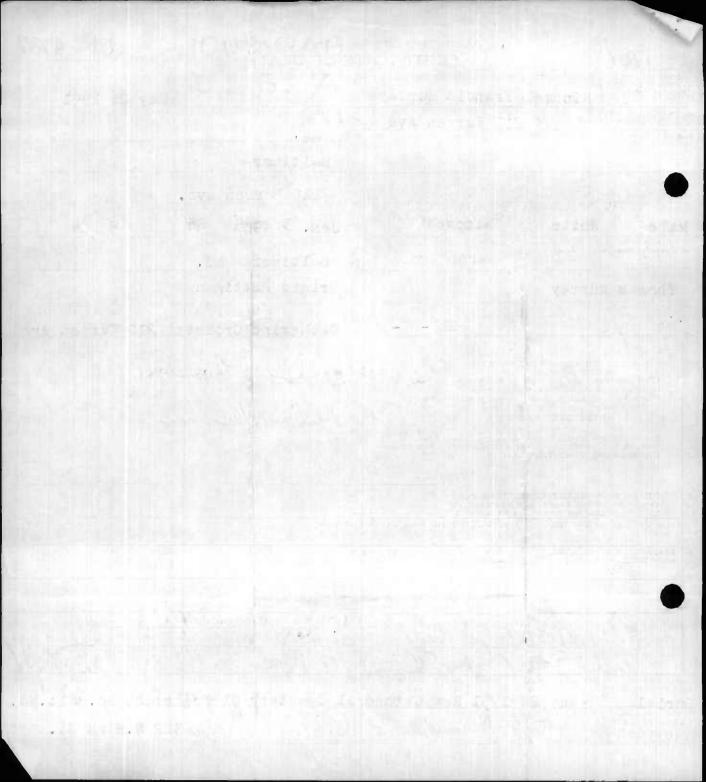


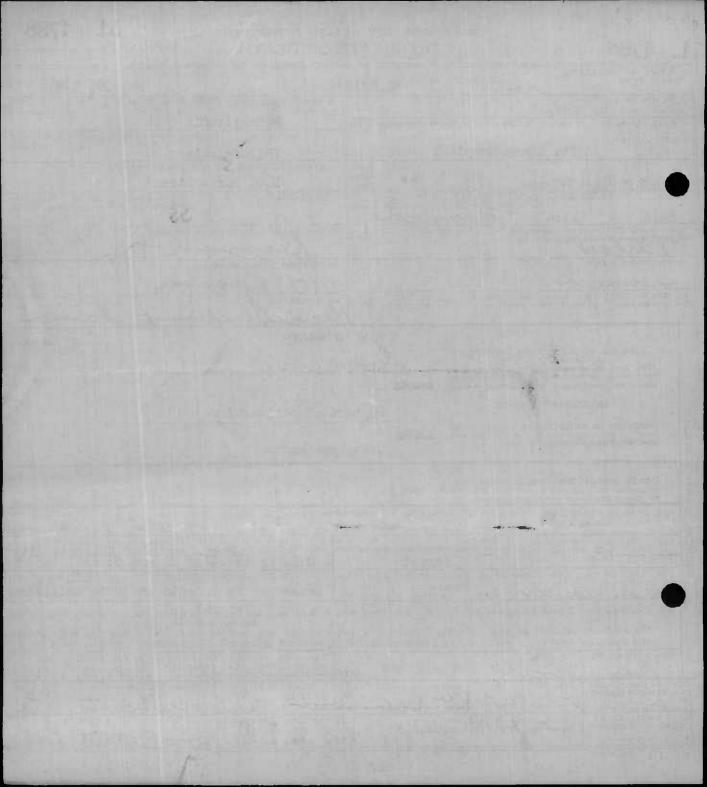
egistered No. 4787

B	IRTH NO.			CERTIFICA	TE	OF DEATH	Registered	d No.		
1.	NAME OF D		Franci	s Murray			2. DATE OF DEATMAY	26 1	951	
A	Baltimore (	City, Maryland		ren Ave	Α.	. USUAL RESIDENCE (V STATE			ation : resi	dence imission)
H	OSPITAL OR NSTITUTION			locati			outside corporate li	mits, wri		and give ownship)
C	ength of s	tay in Baltimore		M	rs. D.	street address (If 210 Warren				
	.sex Male	6.COLOR OR RACE White	7. SINGLE	, MARRIED, ED, DIVORCED (Spe WEO	ecify)	Jan. 3 1885	9. AGE (In years 66st birthday)	Months 5	Year If Un Days Hou	der 24 Heurs rs Min.
10 wor	DA. USUAL OC	CUPATION (Give kind of working life over if retired) HANGLER		t Bros		Baltimore N			VHAT CO	
13	Thomas	Murray	W019/	4 of BINGS CM		Briged Rettig				
15 (Ye	5. WAS DECEASE	D EVER IN U. S. ARME (If yes, give war or date	D FORCES? es of service)	16. SOCIAL SECURITY NO 217-05-84	0.	niformant Cro	cetti 210	ADDRE		Ava
ERTIFICATION	heart failu injury or DISEASES RISE TO T	LEADING TO DEA not mean the mode- re, asthenia, etc. It mer complication which ANTECEDENT CAU GOR CONDITIONS, HE ABOVE CAUSE (A) (ING CONDITION L	of dying, e. g ans the disease caused death. SES IF ANY, GIVIN STATING TH	(B)	$\mathbb{A}_{\sim}$	Acrorde	vois	0		
CERTIFIC	TO THE D	II IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D r						
Ļ	19A. DATE O	F OPERATION	19B. MAJOR	FINDINGS OF O	PERATI	ION			20. AUTO	
IEDICAL	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)		CE OF INJURY (e. urm, factory, street, office b		21c. WHERE DID (INJURY OCCUR?	If in Baltimore City	y, give e	YES	ion)
Σ	D. TIME (	Month) (Day) (Year	w	HILE AT NOT WE WORK AT WO	HILE	21F. HOW DID INJUR	Y OCCUR?			
	22. I hereby deceased all 23A. SIGNAT			deceased from and that death of		, 19.47, 10	he causes and on	the da	te stated	l above.
2 TI	4A. BURJAL, CON, REMOVAL (S	REMA- 24B. DATE	10 2	4c. NAME OF CEM	ETERY	OR CREMATORY 24D. L	OCATION (City, to)	wn, or cor	inty)	(State)
BD	urial ATE RECEIVED OCAL REGIST AY 2819	May 29	6 SIGNATU	New Cathed	iral	Cemetery 01 FUNERAL DIRECTOR TOTAL DELLE	1	ADE	Balt RESS	71613
10.71		56								

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### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 1 4789

BIRTH NO.			CERTIFICAT	E OF DEATH	Registered	110
1. NAME OF D	ECEASED				2. DATE	
(Type or Print)	JA	Mes J.	FITZPATRICK		DEATH MA	y 26,1951
3. PLACE OF D	EATH: City, Maryland 1	320 S.	Clinton St.	4. USUAL RESIDENCE	CE (Where deceased lived, I B. COUNTY	f institution : residence before admission)
B. FULL NAME			on, give street address or	1		berore admission,
HOSPITAL OR			location)	C. CITY OR TOWN	(If outside corporate lim	its write RUIVA I and give
0.0				Ba	ltimore 4	(6 (Swiship)
			Life Yrs.	D. STREET ADDRESS	(If rural, give location)	
c. Length of s	tay in Baltimore		Mos. Days	13	29 S. Clinton S	st.
5. SEX	6. COLOR OR RACE	7. SINGLE	. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year   If Under 24 Hours
Male	White		rried (Specify	July 15,1895	55	onths Days Hours Min.
10A. USUAL OC	CUPATION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF
	tired (10 Decree)		vania R.R.Co.		Ma 3	U.S.A.
13. FATHER'S	NAME	A CIMID'S A	VALLE INSTITUTE	Baltimore,	INO.	O.D.A.
.ToT	hn Fitzpatric	le.		Maren	Calcaland	
	D EVER IN U. S. ARMEI		16. SOCIAL	17. INFORMANT	Schubert	
Yes, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.			ADDRESS
1	110				Fitzpatrick 132	9 S. Ulinton S
18.	81.0		CAUSE	OF DEATH		ONSET AND DEATH
DISEAS	SE OR CONDITION LEADING TO DEAT		10,0	mousey Geo	Same	
(This does	not mean the mode ore, asthenia, etc. It mea	f dying, e. g	**			
injury or	complication which c	aused death.	DUE TO	vr. Hyoes	mach the	
	ANTECEDENT CAUS	SES		6-		77 (N Laure Cal
2				re Rous 7	hwes	
DISEASES	OR CONDITIONS, II	F ANY, GIVIN STATING TH	G E DUE TO			
UNDERLY	ING CONDITION LA	ST,	(C)			
<u> </u>						
OTHER S	IGNIFICANT CONDI	TIONS CON				
TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
			FINDINGS OF OPER	RATION		20. AUTOPSY?
4						YES NO
	ENT WAS UNDER-		CE OF INJURY (e. g.,		(If in Baltimore City,	
LYING OF	R CONTRIBUTING	about home, fo	arm, factory, street, office bldg.,	otc.) INJURY OCCUR?		
2	(Month) (Day) (Year)	(Hour)   2	LIE. INJURY OCCURR	ED 21F. HOW DID IN	JURY OCCUR?	
INJURY			HILE AT NOT WHILE			
		m.	WORK AT WORK		441 . 26	
					may 26, 19	
		_, 19_3/.			om the causes and on	
23A. SIGNAT	MURE	en la	11 44 1	3B. ADDRESS	11116	23c. DATE SIGNED
24A. BURIAL, C	REMA- 24B. DATE		M. D.	BY OR CREMATORY! 2	4D. LOCATION (City, town	n, or county) (State)
TION, REMOVAL (S	pecify	61		and the same of th		
Burial		DT	Sacred Heart		4701 German Hi	
LOCAL REGIST		SIGNATU	KE	25. FUNERAL DIRECT	4	ADDRESS
MAY 581	July militigher	1/Mia	MAG, MOR	Charles V. Jes	ley 901 S. Conk	ling St.
VS 150	· inv	- 11 . 5	510 9	TOG / 4		1610
	1	र्ज वर्त	10705			12412

nuising the case of Community of the , the training of the second at winters rates pales in mine with MIA . DE TEST MERCES LINE STORE OF CAME DESCRIPTION AND ADDRESS OF CAME DESCRIPTION ADDRES James L. State State State

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 5907 Burgess Avenue 10cation   Security of the stay in Baltimore 10cation   Security of Security of Security   Security of	65 2 51 4790 BIRTH NO.	BALTIMORE CITY HE		Registered No	4790
a. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or Maryland  Some No. 1000 or No. 1	(Type or Print)	HERINE ALICE BURNS			, 1951
C. Length of stay in Baltimore    Mos. Days   5907 Burgess Avenue	A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospit HOSPITAL OR	location)	A. STATE Maryland c. CITY OR TOWN (If c	Balti	before admission) MOTE
Temale   Wilte   Widowed   April 30, 1870   81     Toal USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   At Home   At Home   At Home   INDUSTRY   Pennsylvania   II. BIRTHPLACE (State or foreign country)   II. BIRTHPLACE (State or foreign countr	5. SEX 6. COLOR OR RACE	Mos. Days 7. SINGLE. MARRIED.	5907 Burgess Av	9. AGE (In years     Un	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yee, give war or dates of service)  16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Conrad Sohn, Towson, Maryland  18. 7 / 7 X  DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.)  ANTECEDENT CAUSES  ZO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B) Plantliae Output Office of the Above Cause (A) STATING THE UNDERLYING CONDITION LAST.	10A. USUAL OCCUPATION (Give kind of work doneduring most of working life, even if retired) Housewife  13. FATHER'S NAME	Widowed  108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Pennsylvania 14. MOTHER'S MAIDEN NA	eign country) 1:	
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  CAUSE OF DEATH  (A) Cacute Coronary Declusion I day  I day	15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no or unknown) (If yes, give war or date	) FORCES? 16. SOCIAL SECURIT NO.			PRESS land
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode of the heart failure, asthemia, etc. It mer injury or complication which of the heart failure of the heart failure or complication which of the heart failure or complication which of the heart failure or complication which or complication is considered.  Z O DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING CONDITION L	DIRECTLY TH of dying, e.g., this the disease, the caused death.)  SES  FANY, GIVING STATING THE AST.  (C)  (C)  (C)	te loronary	uretion	INTERVAL BETWEEN ONSET AND DEATH

21A. ACCIDENT, SUICIDE. (Specify) HOMICIDE

218. PLACE OF INJURY (e. g., in or about home, farm, factory, atreet, office hide, etc.)

21c. WHERE DIE

(If in Baltimore City, give exact location)

21F. HOW DID INJURY OCCUR?

21E. INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) WHILE AT

26, 1951, that I last saw the 22. I hereby certify that I attended the deceased from apr. deceased alive on way 75, 195/, and that death occurred at 9 23c. PATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

May 29,1951

Parkwood Cemetery

24C. NAME OF CEMETERY OR CREMATORY | 240 VOCATION (City, town, or county) Parkville, Balto.Co., Maryland

Burial DATE RECEIVED BY

MEDICAL

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John Burns! Sons, Towson, Maryland

THE SECOND PROPERTY OF in the second Brown 119 119

5,1	560 A791	BALTIMORE CITY HE CERTIFICATE		Registered No	1 4791
	NAME OF DECEASED ype or Print) EOWARD	B. 1+EIM		OF DEATH	6-51
Α.	PLACE OF DEATH: Baltimore City, Maryland 64.		4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	stitution : residence before admission)
H	FULL NAME OF (If not in hospital or STITUTION AND HOSPITAL OR STITUTION LATTER AN HOSPITAL OF THE STITUTION AND HOSPITAL OF TH	or institution, give street address or location)	C. CITY OR TOWN (If	outside corporate fimits,	write RURAL and give township)
G.	Length of stay in Baltimore ?	7 yrs. Mos. Days		cural, give location)	
5.	SEX 6. COLOR OR RACE 7.	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (In years Mont 62	hs Days Hours Min.
worl	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	ob. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or for	reign country)	2. CITIZEN OF WHAT COUNTRY
13	acob Heim	Nous Papon.	14. MOTHER'S MAIDEN NA	ME?	43.1
15 (Yes	. WAS DECEASED EVER IN U.S. ARMED FO. (If yes, give war or dates of a	convice)   DEDITED TO P	17. INFORMANT		Pranklin S
RTIFICATION	DISEASE OR CONDITION DIE  LEADING TO DEATH (This does not mean the mode of dheart failure, asthenia, etc. It means to injury or complication which cause  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF AIR RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.	RECTLY  lying, e. g., the disease, sed death.)  DUE TO  (B)  Rupt  (B)  Rupt  (B)  Out TO	of DEATH  anguination  ure of Hepatich	Tetery Anew	onset and peath  Shus.
CERT	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION CA	T RELATED			
AL	19A. DATE OF OPERATION 19B.	MAJOR FINDINGS OF OPERA	ATION		YES NO
EDICAL		218. PLACE OF INJURY (e. g., in bout home, farm, factory, street, office bldg., et		f in Baltimore City, giv	e exact location)
N	D. TIME (Month) (Day) (Year) (Ho	our) 21E. INJURY OCCURRE  MHILE AT NOT WHILE  WORK AT WORK		OCCUR?	
	22. I hereby certify that I attend		- 4		that I last saw the
k	deceased alive on 5-26, 1		BB. ADDRESS  Luther Am Hosp		23c. DATE SIGNED
24 TIC	Burial CREMA- 24B. DATE N, REMOVAL (Specify) Burial May 30/5	24c. NAME OF CEMETER		CATION (City, town, or	
D/ LC		Williams Mary 1	25. FUNERAL DIRECTOR	6 / P	Mondson Ave

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THE PROPERTY AND PARTY OF THE P A STATE OF THE STA

420	>
BIRTH NO.	4792

51 4792

BIRTH NO.	132	CERT	IFICATE	OF DE	ATH	Registered	No	
1. NAME OF D (Type or Print)	eceased ( Harr	y) Rosario	Alascio	)		2. DATE OF MAY DEATH	26/5	1
	City, Maryland			4. USUAL RE A. STATE	SIDENCE (W	here deceased lived. B. COUNTY		on: residence pefore admission)
HOSPITAL OR	OF (If not in hospit		location)	c. CITY OR TO Baltimor		outside corporate lin	mits wite	(UtAL and give township)
	tay in Baltimore		Yrs. Mos. Days	5. STREET AC		ural, give location)		
Male	6.COLOR OR RACE	7. SINGLE, MARRIE	ED, RCED (Specify)	lay 15,1	.8 <b>7</b> 6	9. AGE (In years last birthday)	If Under 1 Yea Months Da	H Under 24 Hours Hours Min.
OA. USUAL OCC ork done dyring most n ruit Bro	CUPATION (Give kind of for price property)	108. KIND OF BUSINESS	NESS OR INDUSTR	11. BIRTHPLA	CE (State or for			TIZEN OF HAT COUNTRY?
3. FATHER'S N				14. MOTHER'S	MAIDEN NA	ME		
Joseph 4	lascio		I	lose				
5. WAS DECEASE	D EVER IN U.S. ARMED (If yes, give war or dated	FORCES? 16. SOC of service) SEC	URITY NO.	ri (Mary	)Alasc:	io,2561 B	ADDRESS dmond	son Ave.
heart failur injury or DISEASES RISE TO THE UNDERLY	not mean the mode of re, asthenia, etc. It mean complication which complication which complication which complication which complication which complication complication is considered to the death, but sease or condition	aused death.) DUE  ES  ANY, GIVING STATING THE  DUE  TIONS CON- NOT RELATED	aux	tu	Pelins Jah	is. Ammil On	2 / 2 / C	gnus Egnes
		BB. MAJOR FINDING	S OF OPERA	TION			20	AUTOPSY?
LYING OR CAUSE OF I	Month) (Day) (Year)	m. WHILE AT WORK	RY OCCURRED  NOT WHILE  AT WORK	21F. HOW	DID INJURY			et location)
deceased al	REMAIL 24B DATE	and that	death occurr	ed at 91 B. ADDRESS	1.	e causes and on	the date	stated above.  DATE SIGNED  Z8-6/
Burial	May 29/					lerick Rd		
OCAL REGISTI	BY REGISTRAR'S	SIGNATURE		5 FUNERAL	DIRECTOR	4101 R	ADDRE	son Ave

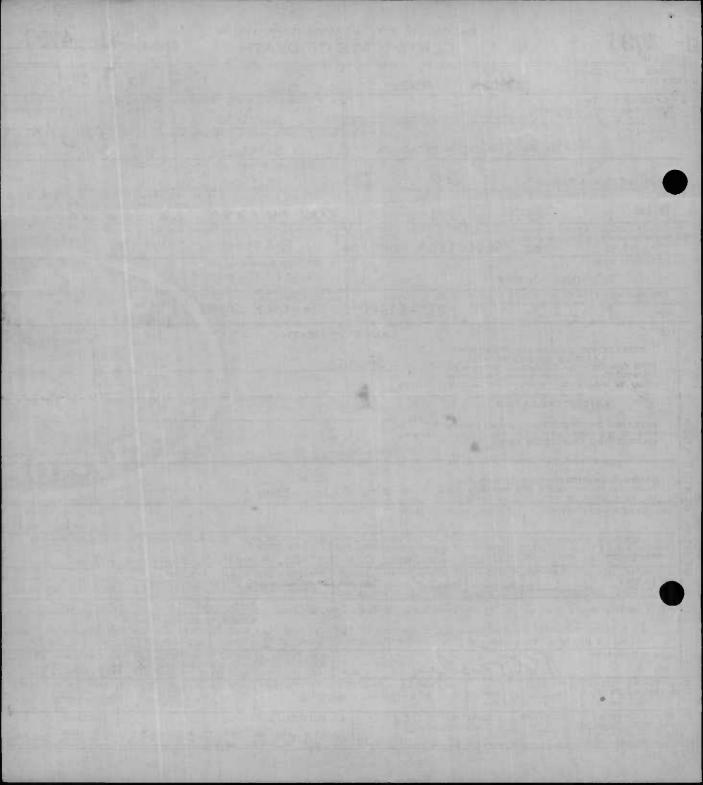
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a work Indi . The as shoomed team He la file and the more and the latest and the late 3432, 1.T. The state of the s real looks that a purific hard real 

570	
BIRTH NO.	
1. NAME OF DE (Type or Print)	11.3

Registered 1 4793

_0	IRIA NO.										
	NAME OF Daype or Print)	DECEASE		ROL	JONES				2. DATE May	25,	1951
	Baltimore		ryland				4. USUAL RES	IDENCE (W)	nere deceased lived.		ution : residence before admission
H	FULL NAME	OF (1	not in hospita	al or institut	ion, give street	address or location)	c. CITY OR TO	ryland	utside corporate li	1	11
IN	ISTITUTION	Sol	uth Balt	imore	General			ltimore	duside corporațe îi	miles Will	bwnship
4		TATE OF			10	Yrs.			ural, give location)	1	
11	ngth of	stay in B	altimore R OR RACE	7 SINCL	e. MARRIED.	Dave		Ol Fagle		If the day	V   H D 04 D
	Nale		Colore	d WIDOW	rried		Nov. 14	1890	60	Months .	Year H Under 24 Hour Days Hours Min
nor!	chemic	of working lif	ON (Give kind of seven if retired)  Orker		ison Ch	SS OR NDUSTRY NEMICE	11. BIRTHPLAC	E(State or for		1 22	VHAT COUNTRY
13	FATHER'S	0	)1 VOT	20.410	19011 01	14	14. MOTHER'S		,		
		Velson					Julia	Farme	r		
15 (Ye	. WAS DECEAS . no or unknown)	ED EVER II	N U. S. ARMED	FORCES? of service)	215-0	TY4861	17. INFORMAN Berthe	r Jone	s Wife	ADDRE	ss
	18. Eq	19.3	an	1 33	2.0	CAUSE (	OF DEATH			0	NTERVAL BETWEE
		TEADIN	ONDITION	THI		Drown	ina				
	heart fail	ure, asthen	n the mode o ia, etc. It mea: tion which c	ns the diseas	se.	DIOWI	THE		***************************************		***************************************
			DENT CAUS		., 502 10						
z	DISFASE		NDITIONS, IF		(8)	**************	*******************************	***************************************	***************************************		••••••••••••••••••
Z O F	RISE TO	THE ABOVE	CAUSE (A)	STATING TH	HE DUE TO		1				
Y U V				199	(C)						
TIFIC			II								
ER			DEATH, BUT I			Acute	alcoholis	m			
AL C	19A. DATE C	OF OPERA	TION 15		FINDINGS						YES NO NO
2	21A. EXTERI UNDERLYIN	IG OR	CONTRIB-	about home, f	CE OF INJUI	t, office bldg., et	c.) INJURY OC	CUR?	in Baltimore City		1 1-15
ME	210 TIME		(Day) (Year)	(Hour)	d-Davids	on Cher	nical Co. 1	Pier-552	O Penningt	on A	ve
	NY 25			0 7	WHILE AT WORK	NOT WHILE	T Found 1.		hole with	head	in water
							ove, held an _	A			reon and from
	the ev	idence ob	tained by	said Auto	psy, Inspec	tion or In	quiry, find th	Autopsy, In at said dec	spection or Inquir	the day	y stated above
	23A. SIGNA		x)		rom: nature		23B. CHIEF	MEDICAL EX	, homicide ,		
			00	Tis	Res		D. MEDICAL IN		R	May :	THE RESERVE AND ADDRESS OF THE PARTY OF THE
TIO	N. REMOVAL (S	pecify)	May 29				y or CREMATOR morial		CATION (City, tow Ltimore,		
DA	TE RECEIVE	D BY R	EGISTRAR'S	SIGNAMU	RE M.M		25. FUNERAL D				RESS
_1)	MAYZOI	9511	make get	In I love		1 1	Arlinyto	a Ril	lips 113	4 N.	Strick
V	S 151	V-9	90X		690	418				18:	3 1
										1 0	



## BALTIMORE CITY HEALTH DEPARTMENT 51 4794

-A	RTH NO.			CERTIFIC	CATE	OF DEATH		Registered	No		
_	NAME OF D	FCFASED					12. D	ATE			
	ype or Print)	JAM	ES J.	CARROL	L			ATH May	25.	1951	
Α.		City, Maryland			A	STATE	CE (Where de				ence
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	tal or instituti			Maryland CITY OR TOWN	(If outside	corporate lin	lit, writ		
		South Bal	timore	General		Baltimore		6	-	0100	wnship
7	noth of s	tay in Baltimore			Yrs. Mos. Days	1416 Reyn	-				
5.	SEX	6. COLOR OR RACE		MARRIED,	8	DATE OF BIRTH	9. AC	E (In years st birthday)	if Under I	Year If Under	24 Hours : Min.
_	Male	White	Alled	doction	(	Jet. 9	7	6			8 8
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS IND	USTRY	1. BIRTHPLACE (Stat	e pr foreign c			HAT COU	
16	FATHER S		1	1	1	4. MOTHER'S MAID					
-	m	rnown	<i>・・・</i>	<i>!/</i>	<u> </u>	unten	ow	~			
	e, no or unknown)	D EVER IN U.S. ARME (If yea, give war or date		16. SOCIAL SECURITY	NO -	7. INFORMANT	have	m /	ADDRE	SS A	01
	18.				-	DEATH	- Consection	The same			ETWEEN
	601 A	SE OR CONDITION			12 10			4	0	NSET AND	DEATH
		LEADING TO DEA	of dying, e. g			sclerotic	Cardio	vascul	ar		-
		ere, asthenia, etc. It me complication which			iseas	е					
		ANTECEDENT CAU	SES							•	
Z	DISEASE	S OR CONDITIONS,	IF ANY, GIVIN	(B)	••••••	***************************************	*****************	***************************************		***************************************	••••
TIO	RISE TO T	HE ABOVE CAUSE (A)	STATING TH								
CA				(C)							
RTIFICATION	OTHER S	IGNIFICANT COND	ITIONS CON	1.							
ERI	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D						•••••	
Ü		Security of the Security State of the Security S		FINDINGS OF	OPERAT	ION				20. AUTOF	SY?
AL	21A FXTERN	NAL CAUSE WA	1 218. PLA	CE OF INJURY	(e.g., in or	21c. WHERE DID	(If in Ba	altimore City,			no X
EDICAL	UNDERLYIN	G OR CONTRIB-	about bome, fo	arm, factory, street, off	ice bldg., etc.)	INJURY OCCUR?			146		
Σ	21D, TIME	Month) (Day) (Year		TIE. INJURY OC	CURRED	21F. HOW DID IN	JURY OCC	JR?			
L	22. I certi	fy that I took char	m.		ihed aho	ve held an Insp	ection	& Ina	ui py	reon und	from
		dence obtained by				Auto	opsy, Inspecti	on or Inquiry	y		
	and de	ath in my opinion	resulted f	rom: natural	causes .	s, accident [], sui	icide  , he	micide [].	undete	rmined [	].
	23A, SIGNA	TURE	Ktra	her	M.D.	ASSISTANT MEDI	CAL EXAMI	NER 2	5-25	-51	5
710	DN. PEMOVAL (S	Decry 5/2	9/5/	Hew (	athe			ON (City, tow	n, or cou	inty) (	State)
P	TE RECEIVE	BY REGISTRAR	S SIGNATU	RE AND MARK	2!	The ST	1000	1.50	ADD	gess,	Que
V	151	10		9-12					06	1	1

· dent Cet 9 Thingsof Tropiers The finance the

54 4795

township)

BIRTH NO.

١.	NA	MI	E O	FE	DEC	EA	SE	D	
T	ype	or	Pri	nt)					

2. DATE OF

Registered No ...

5-28-1951

Estelle Moore DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR Baltimore City Hospitals location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN 4940 Eastern Ave. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 2204 Morris St. zone 17 c. Length of stay in Baltimore 7yrs Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED (Specify) Nov. 15-1910 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, eveo if retired) INDUSTRY WHAT COUNTRY? North Caroline 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Junius Hall Callie McNeil 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT timore City Hospitals (Yes, oo or nekoowo) (If yes, give war or dates of service) SECURITY NO. Records : 18. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Myasthenia Gravis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (C)

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY YES X

lyr.

21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)

21c. WHERE DID INJURY OCCUR?

REMATORY

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-23deceased alive on 5-28-

 $\bar{0}$ 

EDICAL

, 19 51to 5-28 \_, 19\_51 that I last saw the 19\_51. and that death occurred at 11.30m, from the causes and on the date stated above. 23c. DATE SIGNED

23A. SIGNATURE

4940 Eastern Ave. ,Baltimore, Md.

240. LOCATION (City, town, or county),

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

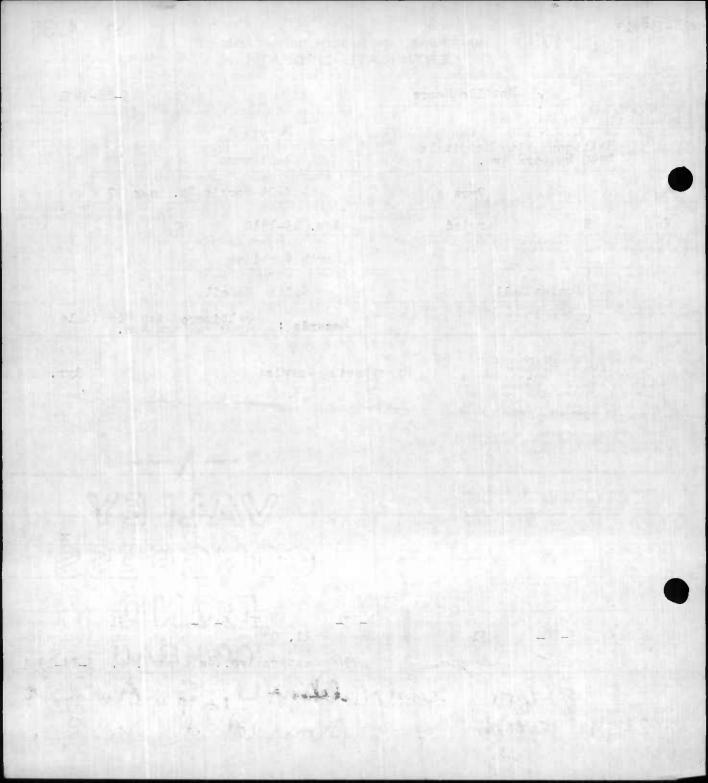
24B, DATE

ADDRESS

DATE RECEIVED BY

TRAR'S SIGNATURE

25. FUNERAL DIRECTOR

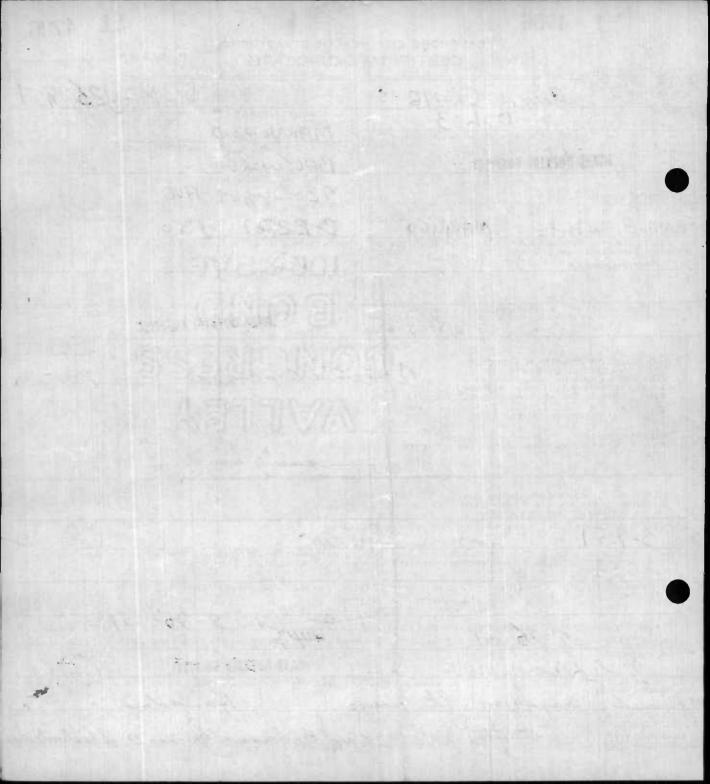


BIRTH NO.

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

		49.	0
Registered	No		

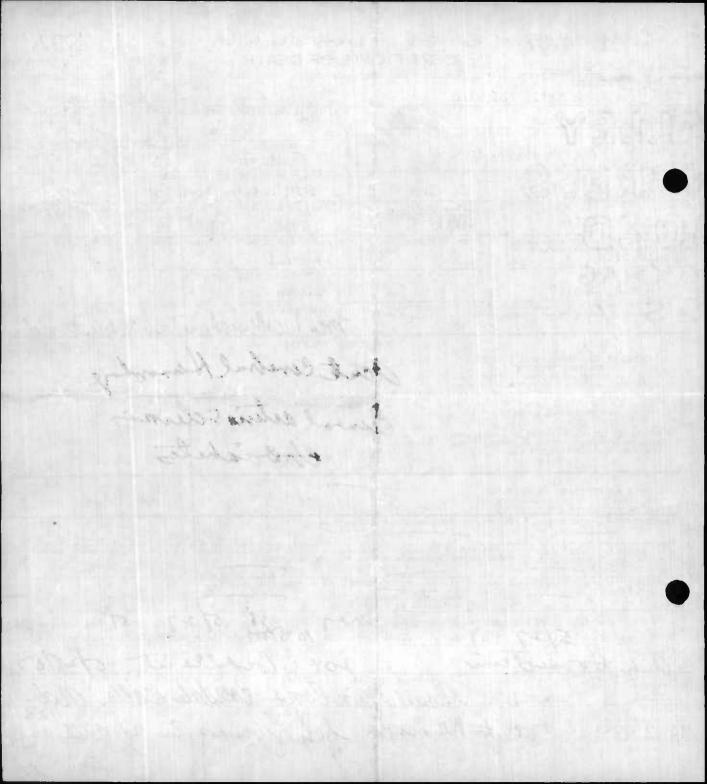
1. NAME OF DECEASED (Type or Print) ANNIE CRAIG	2. DATE OF MAY 26, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland OSL-3	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	MARYLAND
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
JOHNS HOPKINS HOSPITET	BALIMORE 15-03
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	120 SWGER HUL
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  FEMALE White MARRIED	3-22-01 9. AGE (In years if Under 1 Year li Under 24 Hours last hirthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of or the control of the control	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
Housewill	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	2
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) 2/8-03-670/	JAILIE BOPTINS HOSPITAL
	OF DEATH INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	ONSE! AND DEATH
(This does not mean the mode of dying, e.g.,	Ticanemia Imath
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
11	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 0 198. MAJOR FINDINGS OF OPER	
21a. ACCIDENT WAS UNDER: 21B. PLACE OF INJURY (edg., in	a or 21c. WHERE DID (If in Baltimore City, give exact location)
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office idg., e	INJURY OCCUR?
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from	-19-,1951, to 5-25-, 192 I that I last saw the
deceased alive on 5-25, 1951, and that death occur	red at 4 4 2m., from the causes and on the date stated above.
23A. SIGNATURE 2	3B. ADDRESS 23c. DATE SIGNED
12 Landow M.D.	JENNS ROPKINS HOSPITAL JZG/SI
24A. BURIAL, CRETA 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Bural may 49/951 St many	2 Hampolen
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 2 91051 Tuntu tot Villia De March	Paul Bh henowetter 3615-17 Chesturb for
VS 150	72)
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1		51	4797

51 4797 Registered No.

B	IRIH NO.								
('	NAME OF DE	ECEASED Katie	Siskind	3			2. DATE. OF MOT	28,195	7
A		ity, Maryland				4. USUAL RESIDENCE	(Where deceased lived.	If institution	
Н	FULL NAME ( OSPITAL OR NSTITUTION	3520 N Hil			iddress or location)	c. CITY OR TOWN Baltimore	(If outside corporate lim	its, write RU	RAL and give township
		ay in Baltimore	4	10 Yrs	Yrs. Mos. Days	o. street address	(If rural, give location) erstown Road		
1	.sex Female	White	WIDOW	MARRIED. ED.DIVORCED TIEQ	(Specify)	8. DATE OF BIRTH 1894	9. AGE (In years last birthday)	If Under 1 Year Ionths Days	Hours Min.
10	House Wil	CUPATION (Give kind of working life, even if retired) (C	10B. KIND	OF BUSINES	S OR DUSTRY	11. BIRTHPLACE (State) Russie	or foreign country)	I2. CITIZ WHA	EN OF T COUNTRY
13	B. FATHER'S N	AME				14. MOTHER'S MAIDEN	NAME		
		Shapiro				Unkown			
15 (Ye	MAS DECEASE	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16, SOCIAL SECURIT	Y NO.	ma lacal !	skind 3601	ADDRESS	n.
ERTIFICATION	DISEASES RISE TO TH UNDERLYI  OTHER SI TRIBUTING	complication which can conditions, in the above cause (A) and condition has been conditioned in the condition of the death, but to the death, but to the death, condition conditions conditions conditions conditions to the death of conditions c	F ANY, GIVING STATING THE ST.	(B)(C)	Gen	& Cerebra	sclera	2	
			9B. MAJOR		F OPER	ATION		20. 4	AUTOPSY?
Q V			-					YES [	No 🗌
1EDI	LYING OR CAUSE OF D	CONTRIBUTING		CE OF INJUR'			(If in Baltimore City,	give exact	location)
	INJURY		m. w	WORK .	ot while at work hoccur	19 4 to	5/1-7, 195 n the causes and on	,	
	4A. BURIAL, CI		em 2	4c. NAME OF C	M. D.	NY OR CREMATORY 24	LOCATION (City, town	5/2	(State)
	Burial	May 29,	1951	haarei	nio	n Cong. Ka	regale Gal	to. 1	106.
	IAY 2919		ington !	Mianus,	MA	25. FUNERAL DIRECTO	on + Bus W	Nutt	ane
	VS 150		3 4	I July	. 4.1	4 / 7: 0		,	



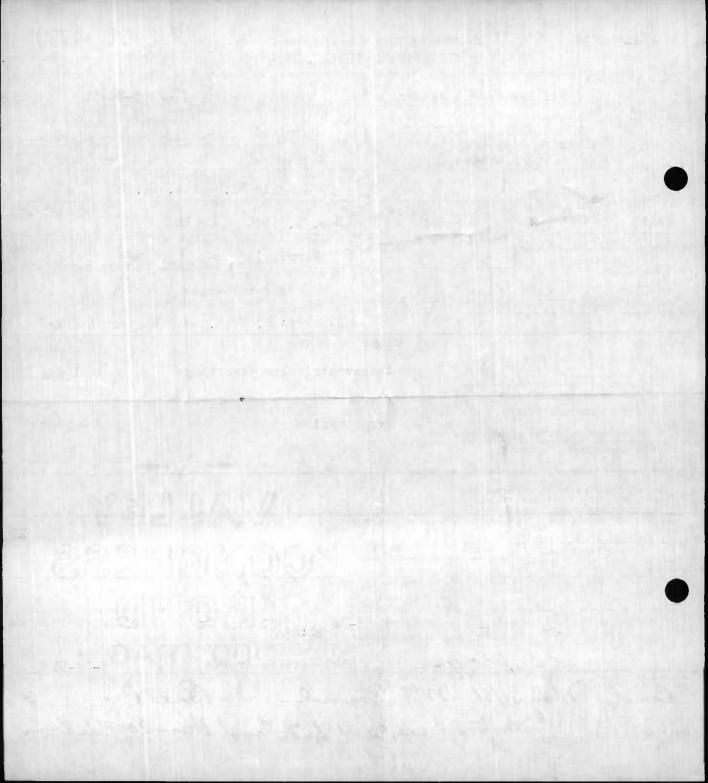
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# REA-148859 51. 4799 BALTIMORE CITY HEALTH DEPARTMENT

51 4799

В	IRTH NO.			CERTIFICATI	E OF DEATH	Register	red No.
	NAME OF D Type or Print)		Josep	h Baumer		2. DATE OF DEATH	5-28-51
B.	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address of				4. USUAL RESIDENCE A. STATE Maryland		
	OSPITAL OR ISTITUTION	Baltimore Ci			Baltimore		limits, write RURAL and give township)
		tay in Baltimore		Yrs. Mos. Days	87 Kinship Rd.		
	Male	6.COLOR OR RACE	WIDOW	E. MARRIED. VED. DIVORCED (Specify) Tried	Dec. 2, 1906		rs If Under 1 Yeer If Under 24 Hours Months Days Hours Min.
WO1	done during most	CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Maryland	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	3. FATHER'S N	John			14. MOTHER'S MAIDEN Margaret		
15 (Ye	. WAS DECEASE a, no or unknown)	D EVER IN U.S. ARMED (If yes, give war or date)	FORCES? of service)	16. SOCIAL SECURITY NO.	Records: B. C.	H. 4940 Eas	ADDRESS stern Avenue
ERTIFICATION	(This does heart failu injury or DISEASES	EE OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean complication which of ANTECEDENT CAUS OR CONDITIONS, IF THE ABOVE CAUSE (A) TING CONDITION LA	H f dying, e. g as the diseas aused death ES ANY, GIVIN STATING TH	Intra		rrhage	1 day  4 years
CERTIF	TRIBUTING	II IGNIFICANT CONDITO TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D			
AL	19A. DATE O	F OPERATION 1	B. MAJOR	FINDINGS OF OPER	ATION		20, AUTOPSY?
MEDICAL	LYING OF CAUSE OF	Month) (Day) (Year)  y certify that I att  ive on 5-28	(Hour) m.	and that death occur	ED 21F. HOW DID INJU	5–28 , 1	19 <b>51</b> , that I last saw the on the date stated above.    23c. DATE SIGNED   5-28-51
24 TI	AA. BURIAL, CON, REHOVAL (S	REMA- 24B. DATE	1/50			LOCATION (City, 1	
D 1	ATE RECEIVED	BY REGISTMAR'S	SIGNATU	Williams, M.	25. FUNERAL DIRECTOR	1 . 1	coof Orlen
	VS 150	5 - 011	S de la segui	9703	30		83a

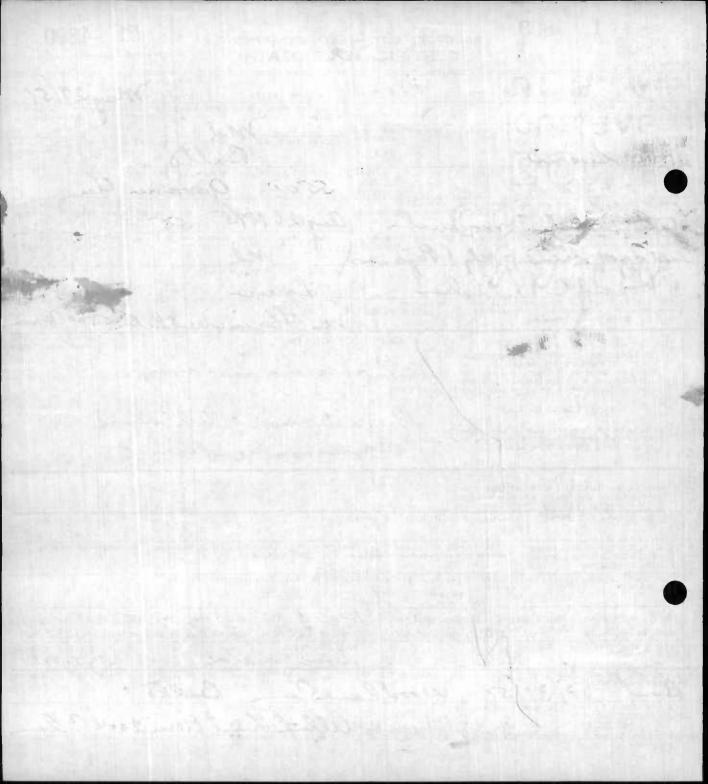


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#### BALTIMORE CITY HEALTH DEPARTMENT

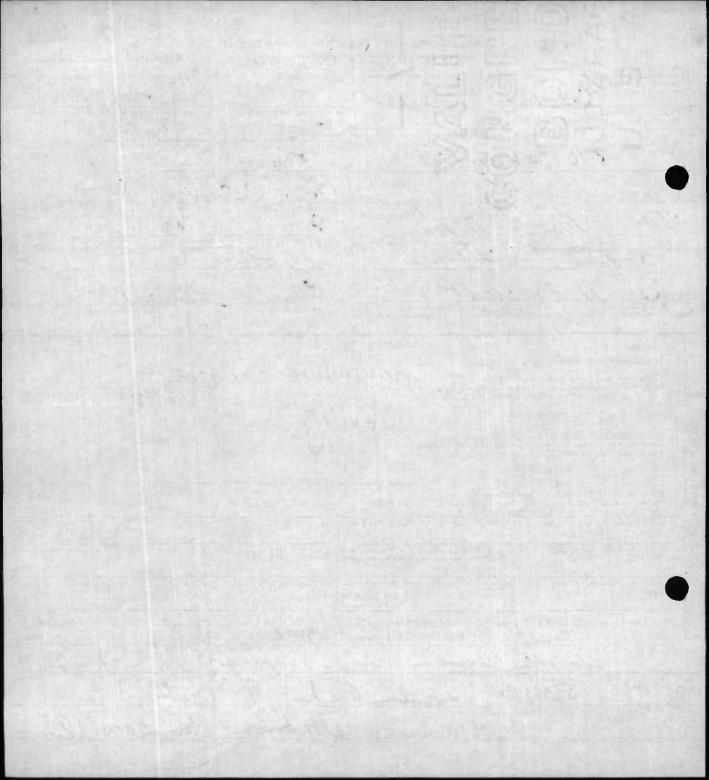
51 4800

BIRTH NO.	TIFICATE OF DE	AIH	ed 110.
1. NAME OF DECEASED William	vilhelm	2. DATE OF DEATH	na 27/51
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL R	ESIDENCE (Where deceased liver B. COUNT)	
B. FULL NAME OF (If not in hospital or institution, give HOSPITAL OR	street address or location) C. CITY OR	TOWN III putside corporate	limits, write RURAL and give
INSTITUTION Seami	G. CITT OK	Balt	township)
	Yrs. D. STREET A	DDRESS (If rural, give location	")
congth of stay in Baltimore 5. SEX   6. COLOR OR RACE   7. SINGLE, MARK	Days JO	o Govane	- Clan
Marka Deal 7 WIDOWED, DIV	OROED (Specify)	9. AGE (In year last birthday)	Months Days Hours Min.
10A. USUAL OCCUPATION (Givekindof lob. KIND OF BU work done during most of working his gren if retired)		ACE (State or foreign country)	12. CITIZEN OF
Used Suget Stade Who Ve	JNDUSTRY	me	WHAT COUNTRY?
13. FATHER'S NAME	THINS) 1 4. MOTHER	S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16, SC	do	we	
	CURITY NO.	Coine Weelful	1500 Gora
18. 451X 1	CAUSE OF DEATH		INTER L BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Disast		
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A)	- anewym	
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DU	B) Hypertens	er arteriorle	relia
A CIADERETTING CONDITION LAST.	E TO Cardina	las diseas	0
O I	C)		
OTHER SIGNIFICANT CONDITIONS CON-			
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
	NGS OF OPERATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF	NJURY (e. g., io or   21C. WHE	RE DID (If in Baltimore Ci	ty, give exact location)
21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING About home, farm, factor  CAUSE OF DEATH	y,street,office bldg.,etc.) INJURY (	OCCUR?	
	URY OCCURRED 21F. HOW	/ DID INJURY OCCUR?	
22. I hereby certify that I attended the decease		1951/to May 27.1	95/ that I last saw the
deceased alive on 17 ay 27, 195 and that	t death occurred at 5:10	Am., from the causes and o	n the date stated above.
23A. SIGNATURE	238. ADDRESS		23C. DATE SIGNED
24A. BURNI. CREMA- 24B. DATE 24C. NAI	ME OF CEMETERY OR CREMAT		own, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL	DIRECTOR	ADDRESS
MAY 291951	ame Me cellet	Ful Home	lood ale
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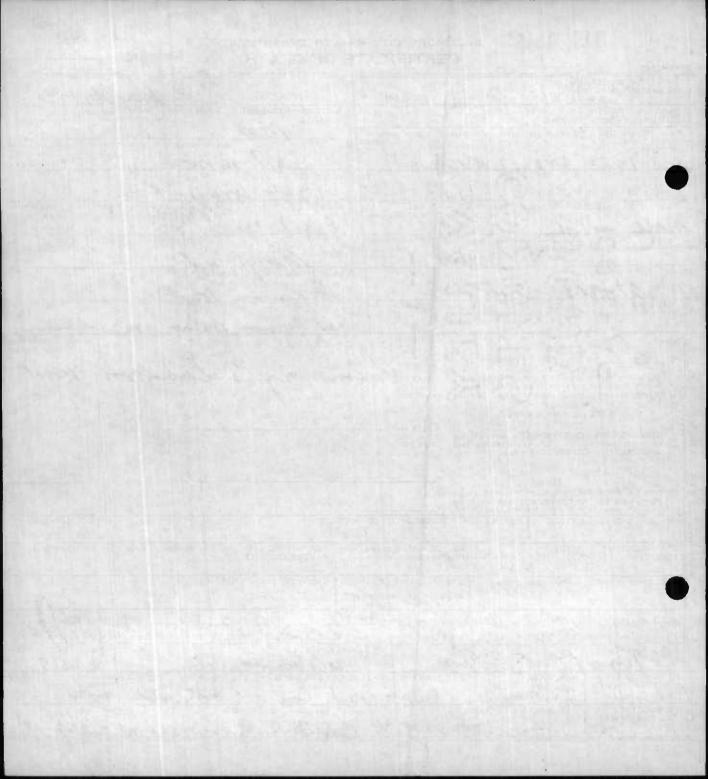
#### BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	E OF DEATH	
1. NAME OF DECEASED	Lo Date to	
(Type or Print) Statistala Chater	2. DATE OF DEATH MAY	267957
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived institute a. STATE B. COUNTY	itution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or		
HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, wi	
1070 Carowell of	1300m 9-0	township)
Yrs.	D. STREET ADDRESS (If rural, give location)	1
c. Length of stay in Baltimore Like Mos. Days	1573 Caronell St	
5. SEX 6. COLOR OR RACE 7/SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) Months	ri Year Hundar 24 Hours Days Hours Min.
10A. USUAL OCCUPATION (Givehindof) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12.	CITIZEN OF
work done during most of working life, even if retired)	Both	WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John H Brandt	Elizabeth Brankt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDR	RESS
18. Was CAUSE	OF DEATH	INTERVAL BETWEEN
		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	osclaratic Cardio - Yascular	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		
injury or complication which caused death.) DUE TO	Disease	
ANTEGERENT GAUGE	1.+	
ANTECEDENT CAUSES	ility	Environment of
DISEASES OR CONDITIONS, IF ANY, GIVING		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		Mail Divide 1
ONDERLYING CONDITION LAST.		
Ē (C)		
CTUSE CICAL CONTINUE		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
O 214 ACCIDENT SUICIDE 1 215 BLACE OF INJUIDY (2.5 ST		YES NO
21A. ACCIDENT. SUICIDE.    21B. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., c	n or 21C. WHERE DID (If in Baltimore City, give INJURY OCCUR?	exact location)
>		
p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F, HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE		
	ay 15 , 1951, to May 26 , 1951, th	hat I last saw the
The confidence of the decoration of the decoration of the confidence of the decoration of the confidence of the confiden		
, 10 J., and that active court	igu at 1	
23A. SIGNATURE / M. Bismorrow M. D.	2 5 Harford Rel 2	Sc. DATE SIGNED
24A. BURIAL, CREMA 24B. DATE 24C NAME OF CEMETER	RY OR CREMATORY 246. LOCATION (City, town, or c	county) (State)
Burn 3/29/57 Loudon	Park Batter	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR AD	DDRESS
MAY 29 900 Parts A White May	yelletan from 2004	Calem
VS 150		



## 125 51 4802 BALTIMORE CITY HEALTH DEPARTMENT

BIF	TH NO.	CERTIFICATI	OF DEATH	Registered No.	
	NAME OF DECEASED			2. DATE	
(Ту	pe or Print) Samuel	D06301		DEATH MGY 2	5, 1951
	LACE OF DEATH:		4. USUAL RESIDENCE (	Where deceased lived If insti	
-	Baltimore City, Maryland ULL NAME OF (If not in hospit	tal or institution, give street address or	A. STATE MA	B. COUNTY	before admission)
HO	SPITAL OR TITUTION	location)	C. CITY OR TOWN (If	f outside corporate limits, wr	
A C		10 Alenus	Rallin	no 14-6	township)
1	1572 Argy	Yrs.	D. STREET ADDRESS (If	rural, give location)	
c	ength of stay in Baltimore	LIFE Mos. Days	1522 /12	ex/o ALQ	
5. 9		7. SINGLE, MARRIED.	8. DATE OF BIRTH	S. AGE (In years Il Under	
1	nale Cal	WIDOWED, DIVORCED (Specify)	Aug 2 1684	last birthday) Months	Days Hours Min.
10A	. USUAL OCCUPATION (Give kind of	10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)   12.	CITIZEN OF
OTK C	one during most of working life, even if retired)	Dotar INDUSTRY	Marila	1	WHAT COUNTRY
13.	FATHER'S NAME	120114 - 99-	14. MOTHER'S MALDEN N	AME	
	11/2000 19	about	1	No th	
15.	WAS DECEASED EVER IN U. S. ARMEI	D FORCES?   16. SOCIAL	Traces	) feet	
(Yes,	no or unknown) (If yes, give war or date	s of service) SECURITY NO.	A. A.	ADDR	
-			Our repenser !	Jalus- 1307 E	de la
	18. 007 X	CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION LEADING TO DEA	DIRECTLY	,	0. 1. :	11000
	(This does not mean the mode of	of dying, e.g., (A)	money fr	whomos	7 mi
	heart failure, asthenia, etc. It mes injury or complication which	and the disease,			
	ANTECEDENT CAUS	SES			
Z		(B)	***************************************	***************************************	
임	DISEASES OR CONDITIONS, I	F ANY, GIVING STATING THE DUE TO			
∢	UNDERLYING CONDITION L				
프		_(C)			
E	OTHER SIGNIFICANT COND				
	TRIBUTING TO THE DEATH, BUT	NOT RELATED			
-[`	TO THE DISEASE OR CONDITION	98. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
A	0				YES NO
5 -	21A. ACCIDENT, SUICIDE.	218. PLACE OF INJURY (e.g., in		If in Baltimore City, give	exact location)
EDI	HOMICIDE (Specify)	about home, farm, factory, street, office bldg., e	tc.) INJURY OCCUR?		
Σ.	D. TIME (Month) (Day) (Year)	(Hour)   21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
	INJURY	WHILE AT NOT WHILE			
-		m.   WORK L. AT WORK L	10 10151 10	al colet is	. 7.1
	22. I hereby certify that I att	ended the deceased from		- 26 , 1951, th	
-	deccased alive on 5° 34	, 1951 and that death occur	red at <b>L. Wil</b> m., from t 3B. ADDRESS		ate stated above 3c. DATE SIGNED
	The most fast	Pillin			1 28/51
24/	BURIAL CREMA- 248. DATE	A4C. NAME OF CEMETE	RY OR CREMATORY   24D. L	OCATION (City, town, or co	ounty) (State)
TIOI	REMOVAL (Specify)	n c/ b 1 o.		ooksville m	1.
DA	TE RECEIVED BY REGISTRAR	SISIGNATURE -	25. FUNERAL DIRECTOR		DRESS
	CAL REGISTRAR	- Williams M.E.	0 1 24 6 6		and it
	MAY 291951	THE PARTY OF THE P	Joseph L. Vin	m 1200 n c	week pr
	VS 150	2516	6		2 13
		1009	7	/ -	0 10



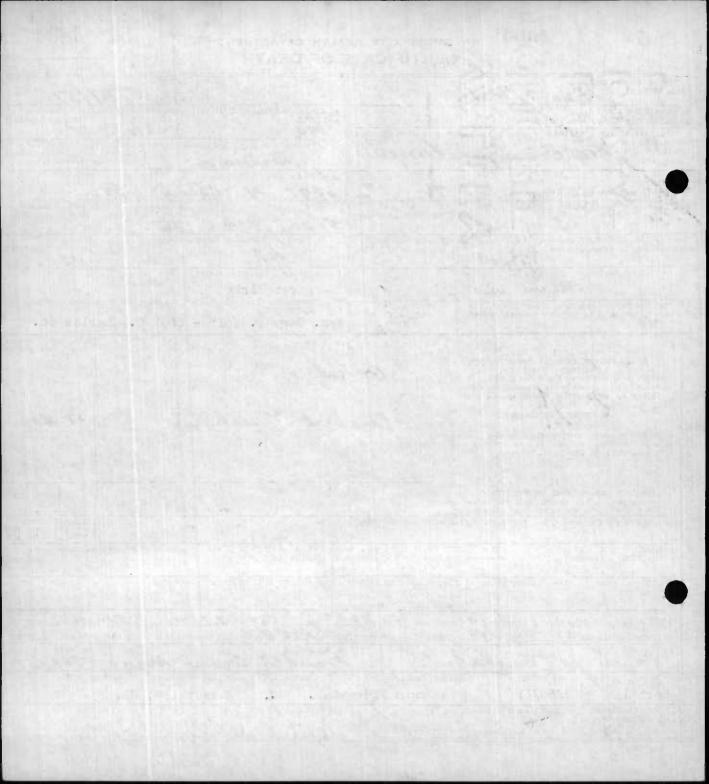
E	IPTU NO	CERTIFICATI	E OF DEATH	Registered No.	
	IRTH NO.			10.045	
	Type or Print)  ANN A	F. STEV	ENSON	2. DATE OF DEATH 5 -	26-51
	PLACE OF DEATH: Baltimore City, Maryland	THE SHIPS	4. USUAL RESIDENCE (	Where deceased lived. If ins B. COUNTY	titution : residence before admission)
	FULL NAME OF (If not in hospital or institut OSPITAL OR	ion, give street address or location)	MIG	0	***************************************
	BAR-WIL-	BA	BNIT	f outside corporate limits, v	township)
	7	Yrs.	D. STREET ADDRESS (II	rural, give location)	ファト カ
	Length of stay in Baltimore 25	XRS. Mos.	1719 W. L	AFAYE	1 / HV.
5.		E. MARRIED. VED, DIVORCED (Specify)	7-/7-1886		er I Year II Under 24 Rouns II Days Hours Min.
1C	DA. USUAL OCCUPATION (Give kind of kdoneduring most of working life, even if retired)		11. BIRTHPLACE (State or 1	oreign country)   12	CITIZEN OF
	DOMESTIC RE	TI RE TOUSTRY	VA.		WHAT COUNTRY?
13	B. FATHER'S NAME	1111	14. MOTHER'S MAIDEN N	IAME ,	
1	JOHN STEVENSON		Referra	FORNSON	
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 4, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		RESS 0 /
(20	No	NONE	EULALIA ST	EVENSON 17/	9 U.S. Lafayett
	18. 443X.		OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	11	. A	()	AND DEACH
į	LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disease	se,	1 Perllasion	ardis-	6 Mats
	injury or complication which caused deatl	1.) DUE TO	Jula 1) Go	lanc	
z	ANTECEDENT CAUSES	(B)	1		
0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING T	NG , /			
A	UNDERLYING CONDITION LAST.				
FIC		(C)			
E	OTHER SIGNIFICANT CONDITIONS CO		11.1		
M	TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	ED DEA	1/1/2		
,		FINDINGS OF OPER	ATION		20. AUTOPSY?
A			1		YES NO
EDIC		ACE OF INJURY (e. g., in farm,factory,street,office bidg.,e		(If in Baltimore City, give	e exact location)
Σ	p. TIME (Month) (Day) (Year) (Hour)	2 IE. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
	INJURY m.	WHILE AT NOT WHILE			
	22. I hereby certify, that I attended the	deceased from	(L) 1950 to	Me 26. 195/	that I last saw the
	1/1	and that death occur	7 / 6 / 7	the earses and on the	
			38. ADDRESS		23C. DATE SIGNED
0	4A. BURIAL, CREMA/124B, DATE	M.D. M.D.	441.90	OCATION (City, town, or	county) (State)
I	AA. BURIAL, CREMA 24B. DATE ON. REMOVAL (Specify) 5 -31-57	Jalla Ju - W	em. PR.	OCATION (City, town, or	county) (State)
	ATE RECEIVED BY   REGISTRAR'S SIGNAT	IRE -	25. FUNERAL DIRECTOR	/ () A	DDRESS
	V 2 91951	Miana Ma	1200h766	Man \$ 1304	n. Pentral are
4	vs 150	ele d'heilenne	1	1	927

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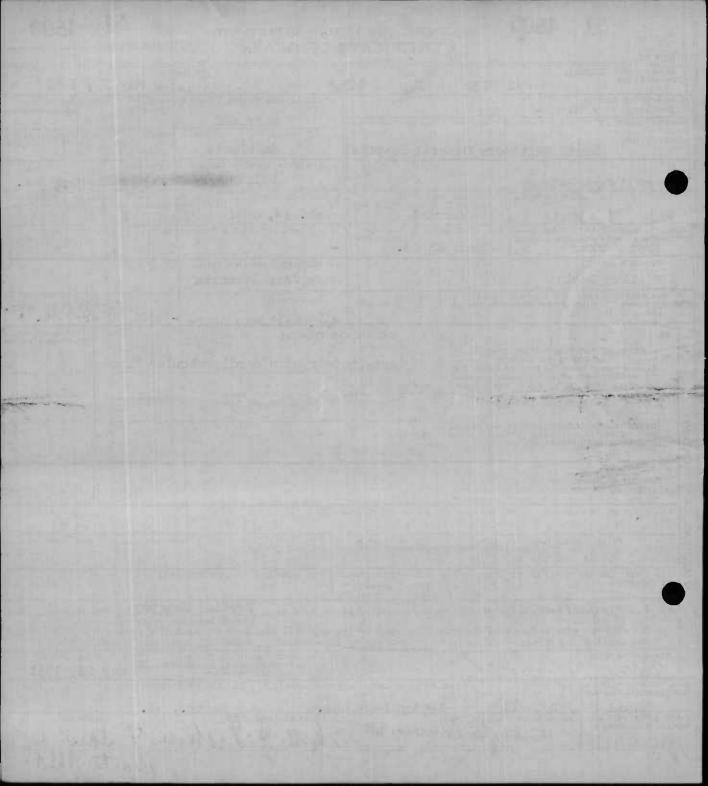
#### CERTIFICATE OF DEATH

51 4804 Registered No.\_\_\_

BI	RTH NO.			OLICINI IOM	E OI DEMINI		
	NAME OF D		K016			2. DATE OF DEATH 5/2	27/57
Α.	PLACE OF D Baltimore (	City, Maryland		on, give street address or	4. USUAL RESIDENCE (VA. STATE	Where deceased lived. If in B. COUNTY	stitution: residence before admission)
H	SPITAL OR STITUTION	Franklin	Syver	location)		f outside corporate limits,	write RURAL and give township)
	enoth of s	tay in Baltimore		76 Yrs.	D. STREET ADDRESS (If	rural, give location)	
	SEX	6. COLOR OR RACI		MARRIED.	8. DATE OF BIRTH		nder 1 Year   H Under 24 Hours ths Days   Hours Min.
1 C	A. USUAL OC	CUPATION (Give kind of working life, even If retire	of 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	2. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN N	IAME	
		Adam	Kolb		Margaret Ulrig		
(Ye	. WAS DECEASE , no or unknown)	ED EVER IN U.S. ARM (If yes, give war or da	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Mary E. Kol		oress arles St.
7	(This does	SE OR CONDITION LEADING TO DE s not mean the mode are, asthenia, etc. It m complication which	ATH of dying, e.g eans the disease caused death	., (A)	bral Mranb	· maria	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	OTHER S	S OR CONDITIONS, THE ABOVE CAUSE (/ YING CONDITION  II SIGNIFICANT CON G TO THE DEATH, BU DISEASE OR CONDITION	A) STATING TH LAST. DITIONS CON T NOT RELATE	(C)			
-		OF OPERATION O		FINDINGS OF OPER			20. AUTOPSY?
EDICAL	21A. ACCIDE HOMICIDE	ENT, SUICIDE. (Specify)		CE OF INJURY (e. g., isrm, factory, street, office bldg.,		If in Baltimore City, giv	YES NO NO We exact location)
Σ	ID, TIME	(Month) (Day) (Yea		HILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
	22. I hereby certify that I attended the deceased from 27 May, 1957, to 27 May, 1957, that I last saw the deceased alive on 27 May, 1957, and that death occurred at 355 Med, from the causes and on the date stated above.						
	23A. ŞIGNA	TURE W.	an Vert	ach M.D.	Frankly 390	ver Hoza	23c. DATE SIGNED
Z. TI	AA. BURIAL.	CREMA. 248. DATE		24c. NAME OF CEMETE Druid Ridge	RY OR CREMATORY 24D. L	cocation (City, town, o	r county) (State)
D	ATE RECEIVE DCAL REGIST	D BY   REGISTRAL	R'S SIGNATU		28 FUNERAL DIRECTOR		ADDRESS
	VS 150		- 7 6	<b>国际公司公司</b>	83 B	Back.	Md.



114		51 4805	ВА			ALTH DEPARTMENT E OF DEATH Registered	51. 4805
BIRTH	ME OF D	ECCACED					
(Туре	or Print)	Cl	HARLES	V.	GAE		y 28, 1951
A. Ba		EATH: City, Maryland OF I not in hospit	al i 4i4		,,	A. STATE  Morral and	
HOSP	TUTION				location)		mits, write RURAL and give
-		South Baltin	nore Ge	eneral Hos	Pltal Yrs.	Baltimore 2	2-03
	ngth of s	tay in Baltimore			Mos. Days	4901 Cherry St. & Pe	
5. SE	ale	6. COLOR OR RACE	WIDOV	E. MARRIED, VED, DIVORCED arried	(Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) Feb. 14, 1895 56	Months Days Hours Min.
10A. U	JSUAL OC	CUPATION (Give kind of	10B. KINI	OF BUSINESS	S OR DUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ATHER'S N		FEIR		19/	14. MOTHER'S MAIDEN NAME	
		n Gable				Mary Jane Maconsin	
(Yes, no	or unknown)	ED EVER IN U.S. ARMED (If you, give war or dates	FORCES?	16. SOCIAL SECURIT	Y NO.	17. INFORMANT  Mrs. Noll Mov. Gable - 4901	Pennington Ave. Cherry St. &
ERTIFICATION	DISEASES RISE TO T UNDERLY OTHER S TRIBUTING	re, asthenia, etc. It mea complication which c ANTECEDENT CAUS ON CONDITIONS, III HE ABOVE CAUSE (A) /ING CONDITION LA	aused death  FANY, GIVII STATING TOST.  TIONS CON	(B)  (B)  NG  HE DUE TO  (C)			
				FINDINGS OF	F OPERA	ATION	20. AUTOPSY?
S UN	DERLYING	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.		ACE OF INJURY			YES NO
Σ 21	D. TIME (	Month) (Day) (Year)	,		CCURRE OT WHILE	D 21F. HOW DID INJURY OCCUR?	
22	22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \).						
24A.	A. SIGNAT	REMA- 248. DATE	<b>&gt;</b> /		М.1	23B. CHIEF MEDICAL EXAMINER	23c. DATE SIGNED May 28, 1951
DATE LOCAL V.S.	Buria RECEIVED REGISTE AV 29	BY   REGISTRAR'S	SIGNATU	Loudon I		25. FUNERAL DIRECTOR.	AODRESS
		10-20	15 ====	690	400	93) 120	ieto;ma.

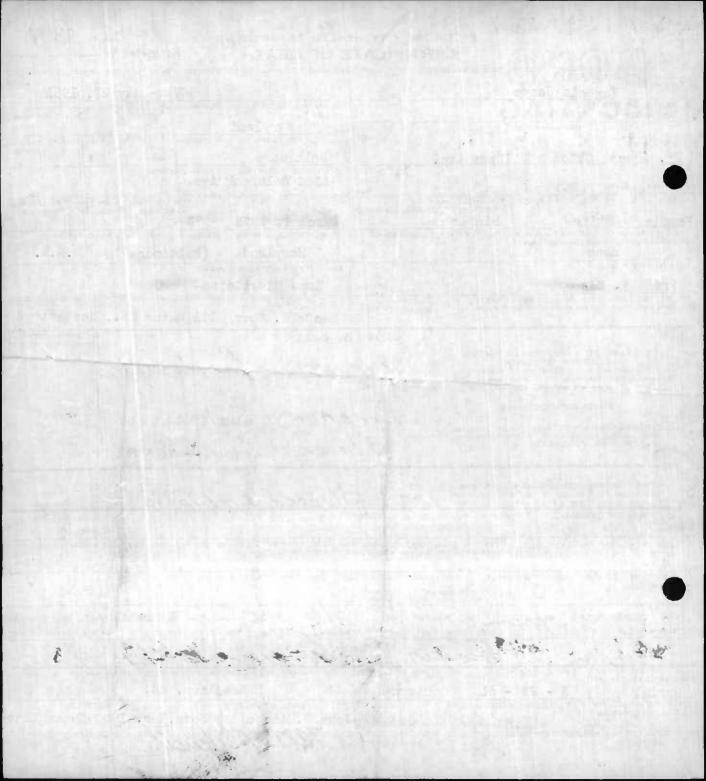


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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

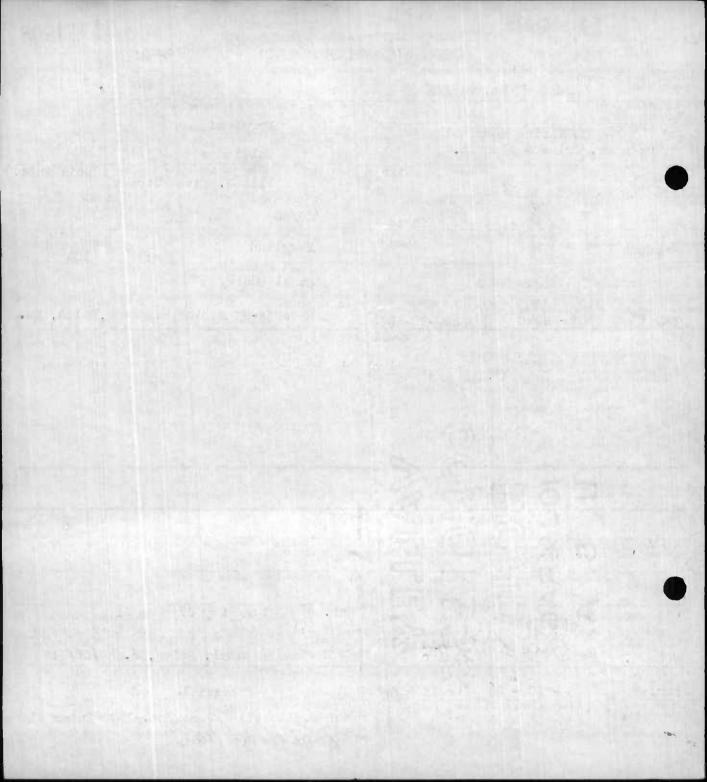
51 4807

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED	2. DATE
(Type or Print) Eugenia Basye	DEATH May 27, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
INSTITUTION  St. Acros Caton & Williams Acro	Baltimore /5-0 6 township)
St. Agnes Caton & Wilkens Ave.	D. STREET ADDRESS (If rural, give location)
Mos.	3306 Walbrook Ave.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH   9. AGE (In years) If Under I Year   If Under 24 Hours
WIDOWED, DIVORCED (Specify)	last birthday) Months: Days Hours: Min
Female White   Single	March 1, 1878 73
10A. USUAL OCCUPATION (Give kind of or kind of or kind of or kind of or kind of industry)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
none	Maryland (Baltimore) WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Fred F. Basys	Emma Missildine- Pard
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
Yee, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	Reade W. Corr 111 Water St., Chestertown
18. Han / CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	ANARY Oce/USION
DISEASES OR CONDITIONS, IF ANY, GIVING	ATERAL HYDROTHORAX
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	Blacoer Lithiasis
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (e. g., in chout home, farm, factory, atreet, office bldg., e	n or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRINJURY  MHILE AT NOT WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that, I attended the deceased from	5/15, 1951, to 5/57, 1951, that I last saw the
	red at 3:17Pm., from the causes and on the date stated above.
20 A. SIGNATURE College M. O. 2	38. ADORESS Lignes Hosp 23c. DATE SIGNED
24A. BURAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City town, or county) (State)
burial 5 - 29 - 51 Woodlawn	Woodlawn, Md.
DATE RECEIVED BY   REGISTRAR'S SIGNATURE.	John O.Mitchell & Sons, Inc1900 Eutaw Plac
VS 150	18173 Watelell



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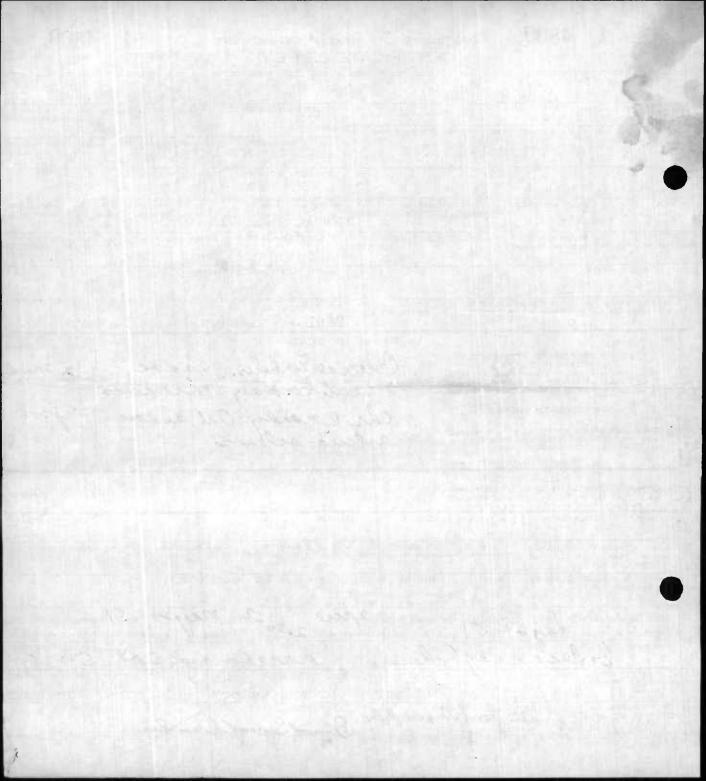
6	25	CI 400	BAI	LTIMORE CITY H			Registered N	31.	48	808
В	IRTH NO.			CERTIFICAT	E OF DEAT	H	Registered 1	10		
	NAME OF D 'ype or Print)	CHARLES D	JDLEY E	CARECKSON		7 17 7 7 7 18	OF May	27, 1	951	
A.		City, Maryland			4. USUAL RESIDE	ENCE (Where d			n: reside fore adm	
H	FULL NAME OSPITAL OR ISTITUTION	Pk. Drive &		tion, give street address o location	c. CITY OR TOWN	aryland (If outside altimore	e corporate limit	s, write RI		nd give wnship)
c.	Leigth of s	tay in Baltimore	*	lifeYrs. Mos. Days	D. STREET ADDRE	ess (If rural, p 123 N. Eu	and the same of th	t (Cec	oil A	pts
5.	SEX M	6.COLOR OR RACE	7. SINGL WIDOV	E. MARRIED. VED, DIVORCED (Specify Single	8. DATE OF BIRTH		GE (In years Inst birthday)	f Under 1 Year onths Days	lf Under	24 Hours Min.
		CUPATION (Give kind of of working life, even if retired)	10B. KIND	O OF BUSINESS OR INDUSTR	Marylan		country)		ZEN OF	
13	FATHER'S N	ick Leif Ear	eckson		14. MOTHER'S MA		e Agai			
15 (Ye	. WAS DECEASI	ED EVER IN U. S. ARMEI (If yes, give war or date WW2 - USMC	of service)	16. SOCIAL SECURITY NO. 220-20-3833	17. INFORMANT Records	s-Us Mari		DDRESS	ltė,	Md.
ERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	EE OR CONDITION LEADING TO DEA' not mean the mode of the asthenia, etc. It means the mode of the asthenia of the complication which of the above cause (A) ING CONDITION LA	FH dying, e.; ns the disease aused death SES FANY, GIVII STATING TI	g, (A) Aleuk se, bue to  (B)		3.		Unl	known	n
CEF	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	ED						
	learning to the same of the sa			FINDINGS OF OPE	RATION			20. YES	AUTO	PSY7
<b>IEDICAL</b>		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., farm,factory,street,office bldg			Baltimore City,	give exact	locatio	n)
TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK AT WORK										
	22. I hereb deceased a 23A. SIGNA John L.	TURE XO Ku	2.19	deceased from and that death occurrector M.D.	Mar. 6 , 19 5 urred at 8:10Pm. 23B. ADDRESS US Marine Ho	, from the car	uses and on t	23c, D	last sestated	above
2 TI	4A. BURIAL. ON. REMOVAL (S burial	Specify) 5 - 30	- 51	24c. NAME OF CEMET Druid Ridge	ERY OR CREMATORY	Pikesvi	ION (City, town	, or county	) (	(State)
D	ATE RECEIVE	D BY   REGISTRAR			John O.Mitch	ECTOR		ADDRES 900 Eu		Plac
	VS 150			Contract of	4/8/201	Juita	1	7	10	),



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4809 Registered No.

BIRTH NO.	FICATE OF DEATH					
1. NAME OF DECEASED (Type or Print) George Falmbaum	2. DATE OF DEATH May 28,1951					
a. Baltimore City, Maryland Raltimore	4. USUAL RESIDENCE (Where deceased lived, If institution: residence  A. STATE:  B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION 3516 Springdale Ave.	et address or location)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore laryland 27-2 (www.ship))					
c. Length of stay in Baltimore 30 years	Yrs. D. STREET ADDRESS (If rural, give location) Mos. Days 7020 Fark Leights Ave.					
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED. WIDOWED DIVORCE   1 A T T T T T T T T T T T T T T T T T T	April 24,1871   last birthday)   Months Days   Hours Min.					
	II. BIRTHPLACE (State or foreign country) Neistadt, Gernany  12. CITIZEN OF WHAT COUNTRY? U.S.A.					
Paul Falmbaum	14. MOTHER'S MAIDEN NAME					
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS Paul Palmbaum 3400 Old Court Rd.					
	CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, ctc. It means the disease,	Ecclis Embels. askoe 2 ments					
injury or complication which caused death.) DUE TO	à acul comany thrombors					
	chr carray aut desere you					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CON-	arteria-seleurs.					
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A, DATE OF OPERATION A 19B, MAJOR FINDINGS	OF OPERATION   20. AUTOPSY?					
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, ferm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR?  21B. PLACE OF INJURY (e.g., in or INJURY OCCUR?						
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY WHILE AT WORK	Y OCCURRED 21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased fr	from april 1957 to May 28, 1951, that I last saw the					
A //	eath occurred atm., from the causes and on the date stated above.    23B. ADDRESS   23C. DATE SIGNED					
23A. SIGNATURE DELOCALLY Color 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF	DE CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
	more Hebrew Cemetery Baltimore, Maryland					
LOCAL REGISTRAR 5 1 MAY 291951	25. FUNERAL DIRECTOR ADDRESS  Dand Sond Lew 201902 Eutaw Place					
VS 150	942					

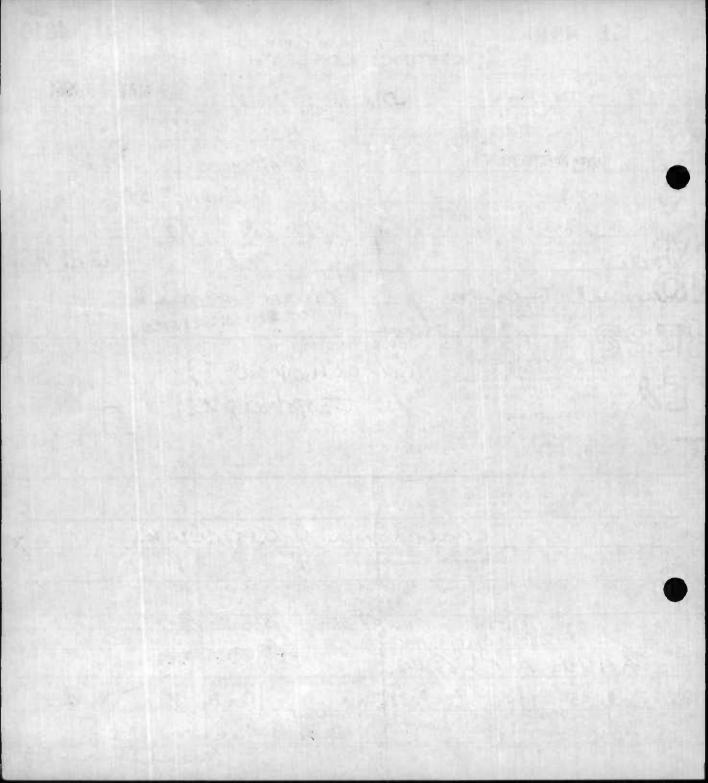


Vs 150

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4810

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deccased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION INNES HOPKINS HOSPITAL TIMORE Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore MOUNT Days 5. SEX 9. AGE (In years If Under 1 Year Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Waiter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknowo) (If yes, give war or dates of service) ADDRESS SECURITY NO. no 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 2 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21C. MHERE DID about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from 5-2/-195/, to 5-28- , 195/, that I last saw the 28- 195/ and that death occurred at m. from the causes and on the date stated above. deceased alife on 5-23A. SICHAPURE 23B. ADDRESS 23c. DATE SIGNED 1/24c. NAME OF CEMETERY OR CREMATORY (City, town, or county) RECISTRAR'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR 0105



140 51 4811

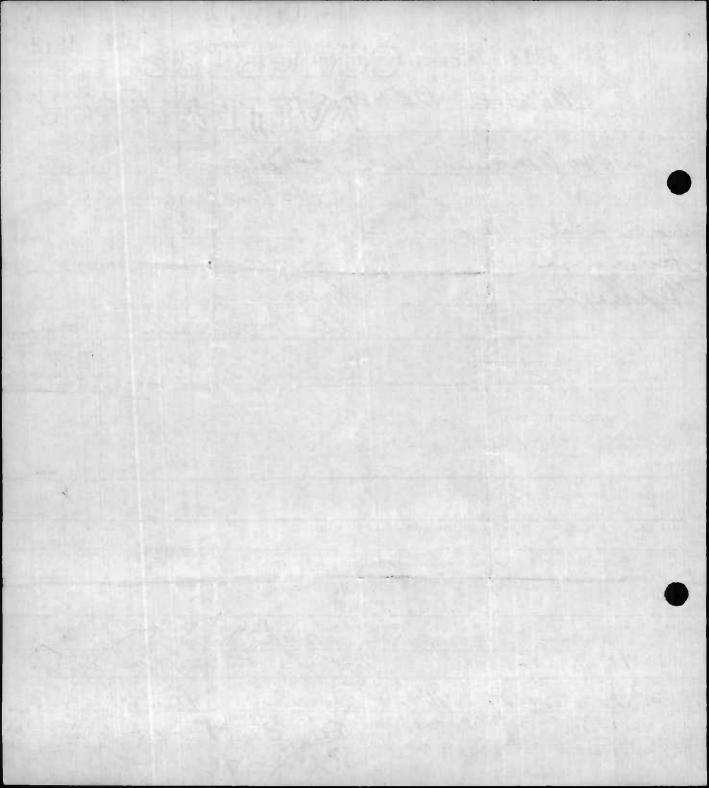
### BALTIMORE CITY HEALTH DEPARTMENT

51 4811

	RTH NO.	E OF DEATH	Registered No.
-	NAME OF DECEASED (/)	. (2 )	2. DATE
	ype or Print) Norgate + E. Sch	joutele	DEATH MO428,1951
	PLACE OF DEATH:  Baltimore City, Maryland	4. USUAL RESIDENCE (W	here deceased lived, If institution: residence  B. COUNTY before admission
	FULL NAME OF (If not in hospital or institution, give street address or		
	OSPITAL OR location)	C. CITY OR TOWN (If	outside corporate limits, write RURAL and give
1	SA JOSEPHS HOCAITA ( DOH)	BALTIM	ORE 8-0 Counship
5	Yrs.	D. STREET ADDRESS (If r	ural, give location)
	ength of stay in Baltimore Mos.  Days	17A9 N RE	K-ESTER ST
5.	SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (In years) If Under 1 Year   If Under 24 Hours
F	Plud te White WIDOWED, DIVORCED (Specify)	not- 1072	last birthday) Months Days Hours Min.
10	PA. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country)   12. CITIZEN OF
	t done during most of working Mig even if retired) INDUSTRY		WHAT COUNTRY
11	EATHER'S NAME	Dawmon	ME
13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME
_	now mom	no know	<u>~</u>
15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL n, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
(		Les deputs 21	19 ailsa ave
	18. Hy 7   CAUSE	OF DEATH	INTERVAL BETWEE
	DISEASE OR CONDITION DIRECTLY	1 / 1/.	ONSET AND DEATH
	LEADING TO DEATH	rebrol Vascy	lar Hacident 12 hrs.
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		
	injury or complication which caused death.) DUE TO		
	ANTECEDENT CAUSES	cular Disea	drdin-
z	DISEASES OR CONDITIONS, IF ANY, GIVING	100010.0110	33.970
0	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	cular Disea,	10
AT	UNDERLYING CONDITION LAST. (C)		
RTIFICATIO			
F	OTHER SIGNIFICANT CONDITIONS CON-		
ER	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	•••••	
Ü	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
그			YES NO L
DICAL	21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg		in Baltimore City, give exact location)
급	UTING [] CAUSE OF DEATH.		
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR		OCCUR?
	m. WHILE AT NOT WHILE AT WORK		
	22. I certify that I took charge of the remains described of	bove, held an 145pe	thereon and from
		Autopsy, I	nspection or inquiry
	the cvidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	s , accident , suicide	$\square$ , homicide $\square$ , undetermined $\square$ .
	23A. SIGNATURE	238, CHIEF MEDICAL E ASSISTANT MEDICAL E	XAMINER [ MAN ) 8 / 1951
-	44. BURIAL. CREMA- 24B. DATE / 24C. NAME OF CEMETE	RY OR CREMATORY   240 LC	CATION (City, town, or county) (State)
TI	ON. REMOVAL (Specify)	Rel	Timos mel
1	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
L	OCAL REGISTRAR	Clarica Flotom	m 1639 Mondered
¥7	WAY 291951	MANA MANA	0
1 V	S 151	V *	

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. <	-20		Pro A	
	1019	EALTH DEPARTMENT E OF DEATH	Registered No.	4812
	RTH NO.			
	NAME OF DECEASED BESSIE BENE	SCH	2. DATE OF DEATH	9-51
Α.	PLACE OF DEATH: Baltimore City, Maryland	A. USUAL RESIDENCE (WE	nere deceased lived. If inst B. COUNTY	tution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street address of location		utside corporate limits, w	mite DIIDAI and nine
	STITUTION 3440 Ourquea Cloe	Paltino	re 2	7-/6 township)
C.	Length of stay in Baltimore  Yrs.  Mos.  Days	D. STREET ADDRESS) (If re	ural, give location)	eve
-	SEX   6. COLOR OF RACE   7. SINGLE, MARRIED,	B. DATE OF BIRTH		r I Year   If Under 24 Hours
Te.	wale white moured		last birthday) Month	0 0 0 0 0 0 0
wor	A USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTAPLACE (State or for	eign couptry) 12	. CITIZEN OF WHAT COUNTRY?
13		14 MOTHER'S MAIDEN NA	ME	
/	Technel	Munya		
KI.	(MAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17 INFORMANT B	OACL ADD	RESS)
	18. // 2 V CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	7	0	ONSET AND DEATH
	LEADING TO DEATH	arcinoma of	Lung	6 month
	heart failure, asthenia, etc. It means the disease,		· · · · · · · · · · · · · · · · · · ·	
	injury or complication which caused death.) DUE TO			1 7 7 1 2 5 2
-	ANTECEDENT CAUSES			
TION	DISEASES OR CONDITIONS, IF ANY, GIVING	***************************************	***************************************	
4	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
FIC	(C)		***************************************	
RTIF				
田田	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED			557711
U	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	PATION		20. AUTOPSY?
AL	138. BATE OF OFERATION O	NATION .		YES NO
EDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg.	in or 21c. WHERE DID (If	in Baltimore City, give	
Σ	D. TIME (Month) (Day) (Year) (Hour)   21E, INJURY OCCUR	RED 21F. HOW DID INJURY	OCCUR?	
K	INJURY WHILE AT NOT WHILE AT WORK	E	OCCONT	
	22. I hereby certify that I attended the deceased from L	Jec / 1950 to 7	29, 1951, t	hat I last saw the
	deceased alive on 229, 19 51, and that death occi	erred at 2: 15 m., from th	e causes and on the	date stated above.
	23A. SIGNATURE	4818 Centerel	1 1 2	3c. DATE SIGNED 5/29/5/
2. TU	BURIAL, CREMA- 24B, DATE 24C, NAME OF CEMET	RY OR CREMATORY 24D. LO	CATION (City, town, or	county) (State)
D	ATE RECEIVED BY I REGISTRATE'S STONAMURE	25. FUNERAL DISECTOR	D'acto	PRESS O
	CAL REGISTRAR	Jacka Carino	ne 2100 (	sutais 12
#	W 230 30 1 9 55 10 10 10 10 10 10 10 10 10 10 10 10 10	य नास्त्र न		1477
1				7 / /



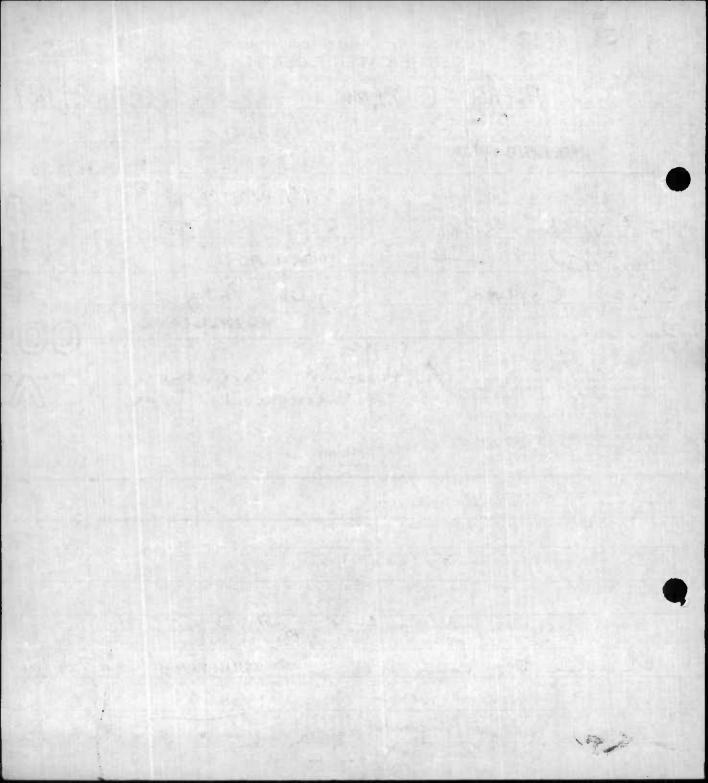
145 51 4813 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO

## CERTIFICATE OF DEATH

51 Registered No.

	NAME OF DECEASED Type or Print)	ALFRED	COPLA	V	2. DATE OF DEATH	17429,1951
A.	. PLACE OF DEATH: . Baltimore City, Maryla		-3	4. USUAL RESIDENCE (V	here deceased lived B. COUNTY	
H	OSPITAL OR	n hospital or institution	n, give street address or location)	C. CITY OR TOWN (If	outside corporate li	mits, write RURAL and give
11	NSTITUTION	MAL STEE HANT IN		BALTMORE	13	- 0 2 township)
C.	Length of stay in Baltir	nore Lef	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location, ELOCK S	7.
5.	MALE WHIT	WIDOWE	MARRIED, ED, DIVORCED (Specify) GLE	8. DATE OF BIRTH 8-27-98	9. AGE (In years last birthday)	tt Under 1 Yaar tt Under 24 Hours Months Days Hours Min.
1C	DA. USUAL OCCUPATION (Girk done during most of working life, even	vakindel 108 KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country)	12. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S NAME	-01 = 1	NECKWEARIA	14. MOTHER'S MAIDEN N.	AME .	7.
15	S. WAS DECEASED EVER IN U. S	ARMED FORCES?	16. SOCIAL	17. INFORMANT	3	ADDRESS
(Ye	es, no or unknown) (If yes, give we	ar or dates of service)	SECURITY NO.	HONE HOT	KIRS ROSPITAL	ADDRESS
	18. 199,1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDI	DEATH	ALL			7 11
	(This does not mean the heart failure, asthenia, etc.	. It means the disease.		minus Cerc	Tu ome	1 9 40,
	injury or complication		DUE TO	Underignated	17 00	
z	ANTECEDENT		(B)			1
ATION	DISEASES OR CONDITI RISE TO THE ABOVE CAU UNDERLYING CONDIT	SE (A) STATING THE	DUE TO			
ICA		TOR LAST.	(C)		***************************	***************************************
RTIF	OTHER SIGNIFICANT	COMPLETIONS				
CER	OTHER SIGNIFICANT TRIBUTING TO THE DESTRICT TO THE DISEASE OR CON	H. BUT NOT RELATED				
_	19A. DATE OF OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
ICA	21A. ACCIDENT WAS UN	DER.   218. PLAC	E OF INJURY (e.g., in	or 21c, WHERE DID (I	f in Raltimore Cit	y, give exact location)
MEDI	LYING OR CONTRIBUT	ING about home, far	m, factory, street, office bldg., et	(a.) INJURY OCCUR?		y, give exact location)
	TIME (Month) (Day)		1E. INJURY OCCURRE	D 21F, HOW DID INJURY	OCCUR?	
	00 7 7 1 11 111 11	m.	WORK AT WORK	-451	2-29-	51
	22. I hereby certify that deceased alive on 5	1111	deceased from T	red at 4 45 Am from t		I, that I last saw the the date stated above.
	23A. SIGNATURE	5-		3B. ADDRESS		23C. DATE SIGNED
2	4A. BURIAL, CREMA- 24B.	- m. 4	4C. NAME OF CEMETER		S KOSPITAL CATION (City, to	wn, or county) (State)
TIC		3/11-	TO. INAME OF CLIMETE	TOR CITEMATORT 24D. L	SCATION (City, to	
	Sure (Specify)	29/1951	Herring	Jun Ba	es.	Kus.
D	ATE RECEIVED BY REGIS	29/1951	Herring Williams, Milliams, Milliams, Milliams	JEST BARRAL DIRECTOR	es.	ADDRESS
D	ATE RECEIVED BY REGIST OCAL REGISTRAR	29/19/1 STRAR'S SIGNATUR	Philiams, Mar	Jun Bar 5. FUNERAL DIRECTOR	es. 210	Kuf.
D	ATE RECEIVED BY REGIS	29/19/1 STRAR'S SIGNATUR	Herring Williams, Mary	Jun Bar 35. FUNERAL DIRECTOR  And Squar Inc.  4 G	2100 - 2100	Kuf.



51 4814 51 4814 BALTIMORE CITY HEALTH DEPARTMENT Registered No .\_\_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE DEATH // Waters (Type or Print) Edward ames 3. PLACE OF DEATH:

A Baltimore City, Maryland Balto City

A Baltimore City, Maryland Balto City

A Baltimore City Maryland Balto City

A Baltimor 4. USUAL RESIDENCE (Where deceased lived. If institution; residence B. COUNTY before admission) Maryland (If outside corporate limits, write RURAL and give C. CITY OR TOWN township) Baltimore D. STREET ADDRESS (If rural, give location) Mos. I5I2 Jefferson Street ength of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) /T885 /Ta 10A. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? S.A. 13 FATHER'S NAME Genera 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Unkown 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mary Rogers ISI2 Jefferson St INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Coronary Visedse LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UNDERLYING | OR CONTRIB. UTING [] CAUSE OF DEATH. \_21D. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

F INJURY

NOT WHILE

22. I certify that I took charge of the remains described above, held an \_ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes oxdots, accident oxdots, suicide oxdots, homicide oxdots, undetermined oxdots. 23c. DATE SIGNED 23B, CHIEF MEDICAL EXAMINER.....

23A. SIGNATURE

24B. DATE

ASSISTANT MEDICAL EXAMINER ....

240. LOCATION (City, town, or county)

24c. NAME OF CEMETERY OR CREMATORY

Calvery

MEDICAL INVESTIGATOR ..

FUNERAL DIRECTOR

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

5/31/195

REGISTEAR'S SIGNATURE

Cem.

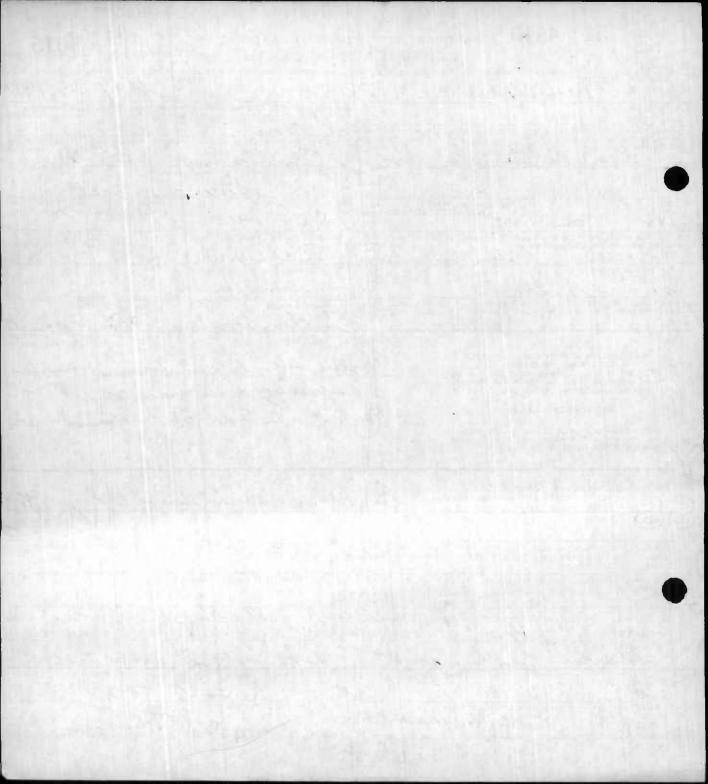
ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

615 51 4815 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.— 

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) WILLIAM SCRIB)	VER OF MAY 26, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR INSTITUTION TO REPORT OF A PARTY	township)
Solla Palmione Sele. 190 Test	p. STREET ADDRESS (If rural, give location)
Mos.	1 8no 11 1 1 L
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years It Under I Year   If Under 24 Hours
WIDOWED, DIVORCED (Specify)	8/25/1980 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork doos during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Porter Furniture Store	Galtinore md
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Scribner	Cankinn
(F. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	Lela Seribnen 901 Sharpst
18. 199, 1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	and much it to all it
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	cinoma, entras abdening undeter
injury or complication which caused death.) DUE TO Coc	til intestinal of truction 3 weeks
ANTECEDENT CAUSES	t. 0 : t. t. 8 . 1. t. + 3 . 1
DISEASES OR CONDITIONS, IF ANY, GIVING	True musimax of menon, swip
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
11	
OTHER SIGNIFICANT CONDITIONS CON-	when wedtermied thology 3 who
TO THE DISEASE OR CONDITION CAUSING IT.	
	YES NO
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bidg.,	
CAUSE OF DEATH	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from M.	def / , 195%, to May 26, 1951, that I last saw the
deceased alive on May We, 1951, and that death occu	rred at 2:20 p.m., from the couses and on the date stated above.
23A. SIGNATURE	23B. ADDRESS 23C. DATE SIGNED
24A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETE	2/3 hold St. Salto 5-11-51 ERY OR CREMATORY (24D. LOCATION (City, town, or county) (State)
244. BURIAL, CREMA- 24B. DATE 24. NAME OF CEMETE	1- OF OF P. V
DATE RECEIVED BY   REGISTRAR'S SIGNATURES	25. FUNERAL DIRECTOR 10021 ADDRESS
LOCAL REGISTRAR	3 9 D 10/0 m
WALL TO THE PARTY OF THE PARTY	V. a. wong of the - " rongmeny It
VS 150	76
1 1806	204

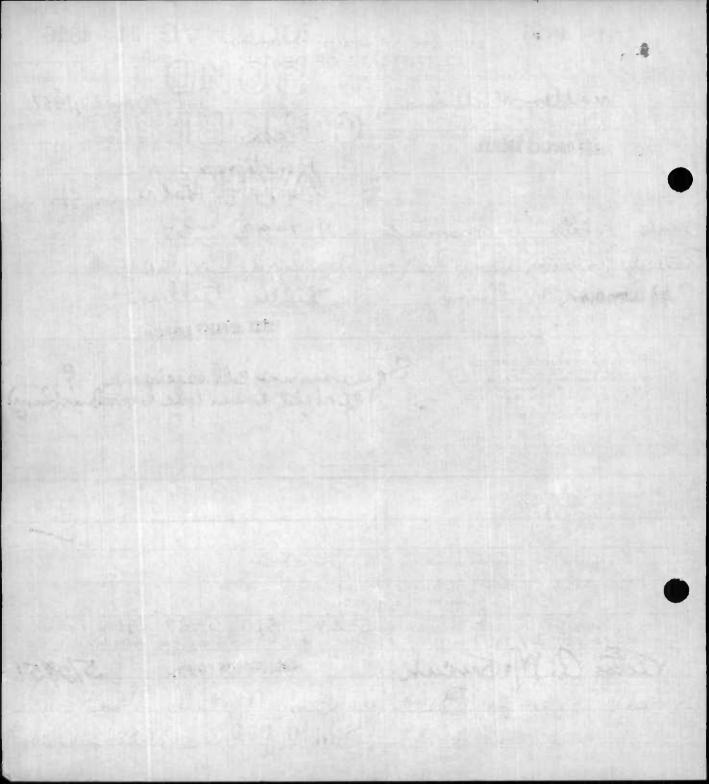


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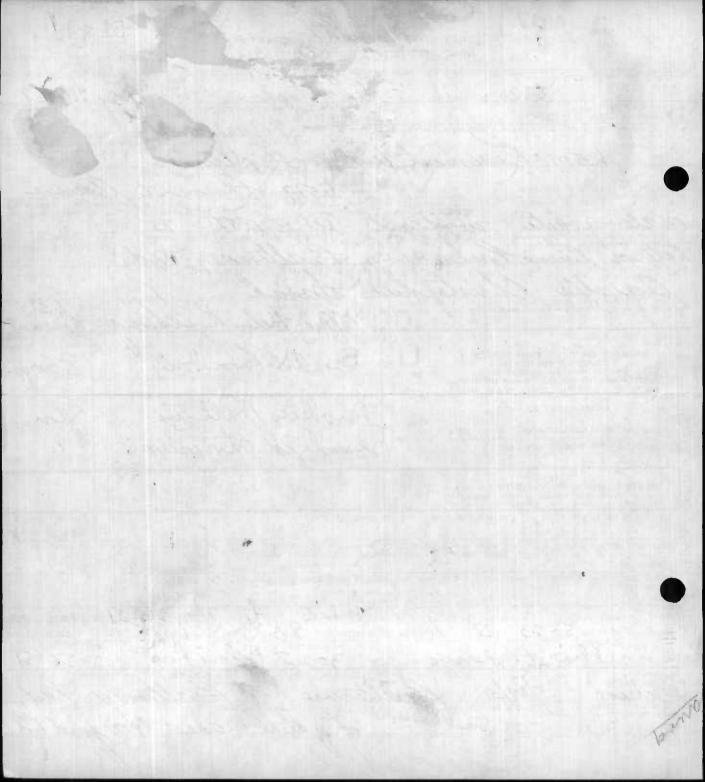
BIRTH NO.	CERTIFICATI	E OF DEATH	Registered	No.
1. NAME OF DECEASED (Type or Print) Walter Wi	Using		2. DATE OF DEATH	w27,1951
a. Baltimore City, Maryland	Here the right	4. USUAL RESIDENCE		f jistitution: residence before admission)
B. FULL NAME OF (If not in hospital or instit HOSPITAL OR INSTITUTION AND TOTAL TOTA	ution, give street address or location)	12 14:	5	its, write RURAL and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (	(If rural, give location)	. (1
mala White WIDO	LE. MARRIED, DWED, DIVQRCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	if Under I Yest on the Days Hours Min.
10A. USUAL OCCUPATION (Give kied of LOB. KIN	ND OF BUSINESS OR	11. BIRTHPLACE (State or	Call all	12. CITIZEN OF WHAT COUNTRY
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	ims.	14. MOTHER'S MAIDEN	Cillient	
(Yes, no or uokoowo) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	PRINS HOSPITAL	ADDRESS
DISEASE OR CONDITION DIRECTL' LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused dea  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	ase, th.) DUE TO	amous le Lright low	ll easein m en loke bri	onset and death
OTHER SIGNIFICANT CONDITIONS C. TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TED			
194. DATE OF OPERATION 198. MAJO	R FINDINGS OF OPER.	ATION		20. AUTOPSNY YES NO
21a. ACCIDENT WAS UNDER. 21B. PI LYING OR CONTRIBUTING about hom CAUSE OF DEATH	ACE OF INJURY (e. g., in e, farm, factory, street, office bldg., e	tor 21c. WHERE DID to.) INJURY OCCUR?	(If in Baltimore City,	
TIME (Month) (Day) (Year) (Hour) INJURY  m.	21E. INJURY OCCURRE	21F. HOW DID INJU	RY OCCUR?	
22. I hereby certify that I attended the deceased alive on 5-27, 195)	e deceased from 5., and that death occur	-24, 195, to_red at 4,0 m., from	5-27, 195, the causes and on t	, that I last saw the he date stated above.
23A. SIGNATURE Q. W. K	usicle M.D.	JOHES MOPKI	NS MOSPITAL	5/28/5/
24A. BURIAL, CREMA- HON, REMOVAL (Breeity)	Baltimer.	RY OF CREMATORY 24D.	Do en DO tr	Salta Mid
DATE RECEIVED BY REGISTRAR'S SIGNAT	Winds Mall	25 FUNERAL DIRECTOR	7 545	ADDRESS

203 50



Registered No.

BIRTH NO.	
1. NAME OF DECEASED Denjamin F. Christopher 2. DATE. OF DEATH M.	au 26 1951
A. Baltimore City, Maryland  A. STATE  B. COUNTY	If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)  C. CITY OR TOWN If outside corporate lim	nits, write RURAL and give
6.519 Rosemont live Galtemore 2	.7-05 township)
Yrs. D. STREET ADDRESS If rural, give location) Mos. Days Days  6519  Annual	Писти
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (IN YEAR)	If Under 1 Year   If Under 24 Hours Months: Days   Hours: Min.
male white widowed (Ict. 15, 1877 73	
10A USIAL OCCUPATION (Girekindof orking its, of his retired)  10B. KIND OF BUSINESS OR INDUSTRY  INDUSTRY	12. CITIZEN OF WHAT COUNTRY:
18. FATHER'S NAME THE TAKEN HOT TO THE 14. MOTHER'S MAIDEN NAME	
liquella Christopher Garak	
(Yes, no or valuous) (If yes, give war or dates of service) (If yes, give war or dates of service)	ADDRESS 6519
18. CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	8 days.
injury or complication which caused death.) DUE TO	
Z ANTECEDENT CAUSES (B) Diphetes Mellelius	Slon-
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	11
(c) Scaling Condition East.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH  21b. PLACE OF INJURY (e. g., in or INJURY OCCUR?  (If in Baltimore City, INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from Week, 1947 to 26, 19	I, that I last saw the
deceased alive on 5 - 23, 19 and that death occurred at 7 m., from the causes and on	the date stated above.
lackant. Harving M.O. 3025 Below Krod	5-26-51
24A. BURIAL, CREMA- 24B. DATE, 100 NEWOVAL (Species)	n, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS
LOCAL REGISTRAR 9 1 - to transmission of bush 9 5305 Ha	er ford to.
VS 150	161



T/ 19 1 and that death occurred at\_ deceased alive on 7 A m., from the causes and on the date stated above. 23A. SIGNATURE 23a. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS VS 150

Dr. Blum.

51 4819 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE before admission) B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN f outside corporate limits, write RURAL and give INSTITUTION township) mare Yrs. of rural, give location) D. STREET ADDRESS Mos. ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under I Year II Under 24 Hours WIDOWED, DIVORCED (Special) last birthday) Months: Days Hours: Min. une 28-1884 narried 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTRY? arpenter 13. EATHER; NAME CONJ 14 MOTHER'S MAIDEN NAME mann uma. 15. WAS DECEASED EVER IN J. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16, SOCIAL 17. INFORMANT (Yes, no or unknown) ADDRESS SECURITY NO 6-03-3529 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) . DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION YES

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

about home, farm, factory, street, office bldg., etc.)

21B. PLACE OF INJURY (e.g., in or

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE WORK

22. I hereby certify that I attended the deceased from Dec. 1977 19 that I last saw the deceased alive on Md 425, 1951, and that death occurred at JA 23B. ADDRESS

234. SIGNATURE

m., from the eauses and on the date stated above. 23c. DATE SIGNED

) M1 24B. DATE

May 28,145

240. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION REMOVAL (Specify)

24C. NAME OF CEMETERY OR CREMATORY

DATE RECEIVED BY REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

VS 150

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MEDICAL

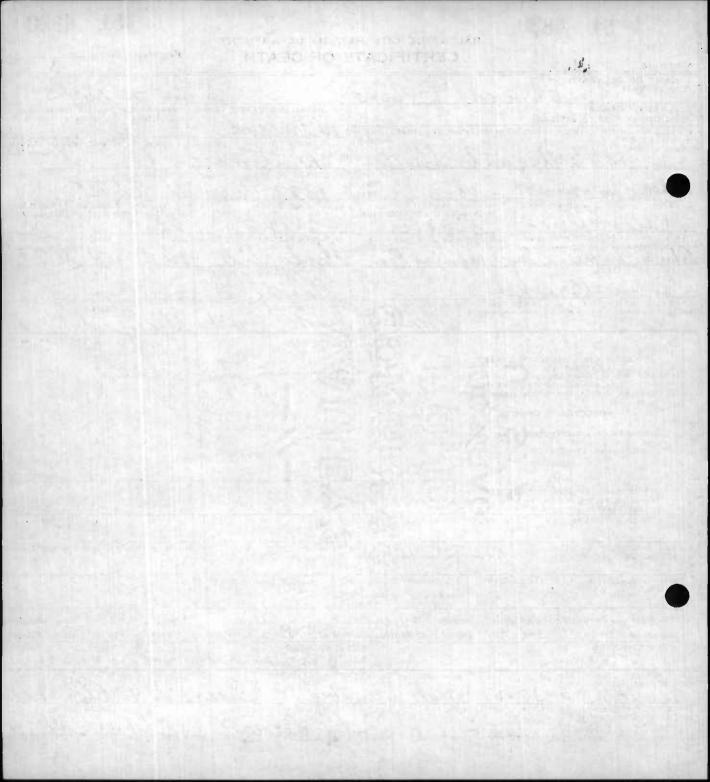
Dr. Kanmar. 501 Shouden

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# BALTIMORE CITY HEALTH DEPARTMENT

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В	RTH NO.		CERTIFICAT	E OF DEATH	Regi	stered No	
	NAME OF DECEASED ype or Print)	Edward	Brooks		2. DATE OF DEATH	5-26	- 51
	PLACE OF DEATH: Baltimore City, Maryl		10.221.0	4. USUAL RESIDENCE (			on : residence pefore admission)
H	OSPITAL OR	in hospital or institu	tion, give street address or location)	C. CITY OF TOWN	If outside corne	rate limits, write I	MIRAL and give
IN	ISTITUTION 1322	assuith	Street	Baltims	ue.	7-09	township)
7		The state of the s	O Yrs.V Mos.	D. STREET ADDRESS   ()	f rural, give loc	ation)	<i>L</i>
5.	ngth of stay in Balt		Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (In	years     Under 1 Yas	nt   It Under 24 Hours
-	male Color	red WIDO	WED, DIVORCED (Specify)	3-2-1922		day) Months Da	
wood	A. USUAL OCCUPATION (c. done during most of working life, eve	Givekind of 10B, KIN	D OF JUSINESS OR	11. BIRTHPLACE (State or	foreign country		TIZEN OF
73	AMEN, (MMENCA	u sugar Ke	lining Coo.	14. MOTHER'S MAIDEN	ME	1. Hu	S.ll.
	John Br	anked	0	Garelo 8	+1-10		
15 (Ye	WAS DECEASED EVER IN U.	S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	1 CA	ADDRESS	
,	no		215-12-44-63	Gasell Bros	to She	edn Side	2 Med.
	18. 007 X		CAUSE	OF DEATH		//	ERVAL BETWEEN
	DISEASE OR CON		p	, , , , , ,	11.	0.	
	(This does not mean the heart failure, asthenia, e injury or complication	te mode of dying, e.	se,	manay of	mere	ulons	
	ANTECEDE	NT CAUSES					
TION	DISEASES OR CONDI	TIONS, IF ANY, GIVI	(B)		*************************		***************************************
4	UNDERLYING CONDI		HE DUE TO				
FIC			(C)		****		
ERTI	OTHER SIGNIFICANT	CONDITIONS CO			***************************************		
CE	TRIBUTING TO THE DEA						
AL	19A. DATE OF OPERATIO	ON 0 19B. MAJOF	R FINDINGS OF OPER	ATION		20 YE	AUTOPSY?
EDICAL	21A. ACCIDENT, SUICID HOMICIDE (Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		olf in Baltimor	re City, give exac	
ME	21D. TIME (Month) (Dn	v) (Year) (Hour)	21E. INJURY OCCURRI	D 21F. HOW DID INJUR	RY OCCUR?		
K	INJURY	m.	WHILE AT NOT WHILE				
	22. I hereby eertify th	at I attended the	deceased from 5-	2 2 , 195%, to	5- 26	_, 19.5 / that	I last saw the
	deceased alive on 5	- 26 , 195-/.		red at 8 17 m., from	the eauses a	nd on the date	stated above.
	Lucy Lucy	se R.a.	clam M. D.	2 3 2 7 m, N	with a	me. 5"-	29-5-1
	AA. BURIAL, CREMA- 24B	DATE	24C. NAME OF CEMETE	RY OR CREMATORY   24D. 1	LOCATION (C	ity, town, or count	y) (State)
	Burial 5	-30-51	Deale Com	etery Sha	dy Side	d. a. C	o. Md.
D.	ATE RECEIVED BY REG	ISTRAR'S SIGNAT	I'm liame, M.	25 UNERAL DIRECTOR	1000	ADDRI	10° 100 CA
=	JAY 731016	1 4 5	1-0-0-0	Mangareto J	. Call	CK 15326	. Black St.
	VS 150		97047			13	13
			/ /				



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### BALTIMORE CITY HEALTH DEPARTMENT

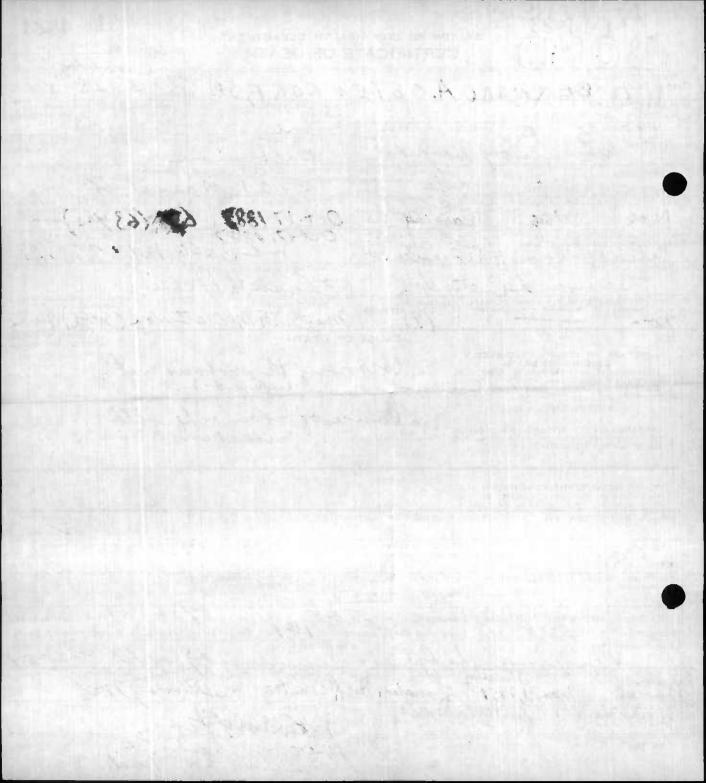
51 4822

B	IRTH NO. 4-560 CERTIFICAT	TE OF DEATH Registe	red No			
(7	NAME OF DECEASED KATHERINE LAMBE	RO GENNARY OF DEATH 1	MAY 29, 1951			
A	Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased liv	red. If institution: residence TY before admission)			
H	FULL NAME OF (If not in hospital or institution, give street address of selfation of location		e limits, write RURAL and give			
1	STITUTION 513 TUNBRIDGE RD.	BALTO 2	7- 48 township)			
C	ngth of stay in Baltimore LIFE Mos	SIS TIMEDIDO				
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specif	8. DATE OF BIRTH 9. AGE (In year				
10	A. USUAL OCCUPATION (Givekindof) IOB, KIND OF BUSINESS OR	SEPT. 14, 1868 82  11. BIRTHPLACE (State or foreign country)				
WOL	is done during most of working life, even if retired)  INDUSTR	BALTO. MO	12. CITIZEN OF WHAT COUNTRY?			
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U·S.			
15	WAS DECEASED EVER IN U. S. ARMED FORCES?   16, SOCIAL	UNKHOWN				
(Ye	(If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	MRS. BESSIE L. PRIC	ADDRESS			
		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY					
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,					
	injury or complication which caused death.) DUE TO					
z	ANTECEDENT CAUSES  (B) Clord massels-					
FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	10 Tto P. 1 to				
ICA	(C)	eurs lypenemen -				
RTIF	OTHER SIGNIFICANT CONDITIONS CON-					
CEF	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
7	19a. DATE OF OPERATION   198. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?			
DICA	21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e. g.,	in or   21c. WHERE DID (If in Baltimore C	Oity, give exact location)			
MED	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg	.,etc.) INJURY OCCUR?				
2	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCUR!					
	m. WHILE AT NOT WHIL WORK AT WORK					
	22. I hereby certify that I attended the deceased from		19 $5$ , that I last saw the			
	deceased alive on 3/05, and that death occu	ifred at / Tom., from the causes and	on the date stated above.			
	Warry W. M. Oarty M.D.	513 Tunbridge	5/29/51			
710	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET		town, or county) (State)			
D	TE RECEIVED BY REGISTERS SIGNATURE	1DGE HKESVILLE 25. FUNERAL DIRECTOR	ADDRESS			
	GAL REGISTRAR	11 13 15 STATE OF THE STATE OF	C. MOOS YOUR			

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DR. H. MCCARTY 37 W. PRESTON



R 51. 48.	24
BIRTH NO.	

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

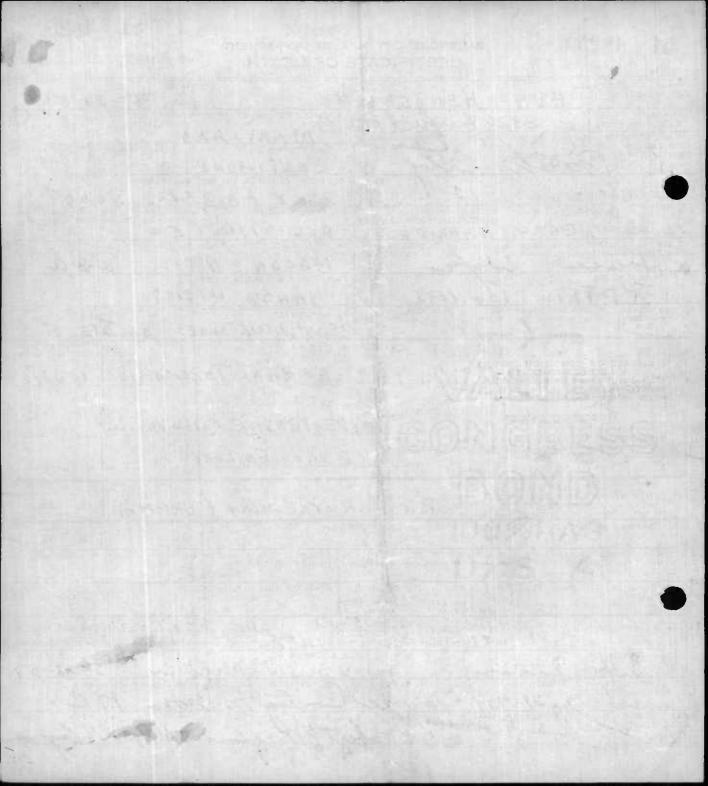
51 4824

Registered No.

B	RTH NO.	77.00		OLIVIII 10/(1)	- O. BEATH		
1. NAME OF DECEASED					2. DATE		
(Type or Print) Katherine Roesinger			DEATHMAY 27, 1951				
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)		
s. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTE EWOOD Nursing Home			Maryland  c. CITY OF TOWN (If outside corporate limits, write RURAL and give township)				
						c. Angth of stay in Baltimore  Lifetime Yrs. Mos. Days	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, SYNED, DIVORCED (Specify)			Feb. 15, 186	9. AGE (In years last birthday) M	It Under 1 Year It Under 24 Hours onths Duys Hours Min.		
10A. USUAL OCCUPATION (Givekindol 10B. KIND OF BUSINESS OR			11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF		
work done during most of working life, even if retired) Housekeeper At Home			Maryland		U.S.A. COUNTRY?		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME				
Andrew Roesinger			Margaret Hein				
15	. WAS DECEASE	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(xe	a, no or nnanown)	(If yee, give war or date	s of service)	SECURITY NO.	Emma Roesinger 1721 N. Wolfe St.		
						INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY				2 - 20/ 2		
	(This does not mean the mode of dying, e.g., (A) College Hemburage					2 weeks	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	ANTECEDENT CAUSES				Lan		
Z	(B) Mena & crerosis				o gris		
CERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
E		11		(C)			
E	TRIBUTING	SIGNIFICANT COND. G TO THE DEATH, BUT	NOT RELATE	ED .			
U	TO THE DISEASE OR CONDITION CAUSING IT.					20. AUTOPSY?	
AL	135. MAJOR PHONICS OF OPERATION			YES NO			
EDICAL	21a. ACCIDENT, SUICIDE. HOMICIDE (Specify)  21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?						
Z	O.I. TIME	(Month) (Don't (Venu)	(Wayn)	215 IN HIRV OCCUPE	ED 215 HOW DID IN	LIBY ACCURS	
-	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK NOT WHILE AT WORK						
71	22. I hereb	ou certifu that I att	ended the	deceased from apr	il 27 . 195/ to	may-27, 195	L, that I last saw the
	deceased a	deceased alive on May 27, 1951, and that death occurred at 2308 m., from the causes and on the date stated above					
	23A. SIGNA		00 2/-			4 6.00	23c. DATE SIGNED
		631	el Ha	M.D.	3B. ADDRESS		may 28-1931
TI	ON REMOVAL	pecify) May 30,		Holy Redeem		altimore Mar	
	ATE RECEIVE	RAR I WILL	S SENAT	Miana, M. T	25. FUNERAL DIRECTO	OR O	ADDRESS
=	MAY 29	195			1 mis	10 wans 1	Jon & July
	VS 150				118 W M	Mt. Roval	ave #1

Dr. Hall 1631 E. North Ave.

		51 4825
	TIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	Registered No.
I. NAME OF DECEASED	ENDERSON	2. DATE OF DEATH 5-27-5/
S. PLACE OF DEATH: A. Baltimore City, Maryland 3328 7a  B. FULL NAME OF (If not in hospital or institution)	A. USUAL RESIDENCE A. STATE A. STATE A. STATE	(Where deceased lived. If institution; usidence B. COUNTY before admission)
HOSPITAL OR INSTITUTION Balton C	ily BALTIMO	
c. angth of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE,	Mos. Days  D	IRFIELD ROAD
7ende NEGRO WIDOWE MA	TRIED AUG 13/90 OF BUSINESS OR 11. BIRTHPLACE (State or	
work done during most of working life, even if retired)  13. FATHER'S NAME	INDUSTRY MACON  14. MOTHER'S MAIDEN	N.C. USA
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1	16. SOCIAL 17 INFORMANT	HICITS
(Yes, no or unknown) (If yes, give war or dates of service)	SON WILLIET	OWNES 3316 ATE ST.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	****	ONSET AND DEATH
ANTECEDENT CAUSES  O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) HYPERTENSIVE DUE TO RENAL FAIR	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	BRONCHOPNEUMONIA	+ URGMIA
N C C C C C C C C C C C C C C C C C C C	FINDINGS OF OPERATION  E OF INJURY (e. g., in or   21c. WHERE DID	20. AUTOPSY? YES NO
LYING OR CONTRIBUTING about home, far	m,factory,street,offeebldg.,etc.) INJURY OCCUR?	(If in Baltimore City, give exact location)
NJURY m. W.	ILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the d deceased alive on 5-27, 19 \$1, at	nd that death occurred at 11 - Fm., from	5-27, 195, that I last saw the the causes and on the date stated above.
24A. BURIAL, CREMA- 24B. DATE 124	M. D. 23B. ADDRESS M. D. 23 O W. N.	23c. DATE SIGNED  5-27-5/ LOCATION (City, town, or county) (State)
Burnal May 31-1957	Journes Cemetry /	acon hc.
LOCAL REGISTRAR	Papert Ettillin	s1515mo Eldong H
43 130 - 1991	7 9 1 7	93)

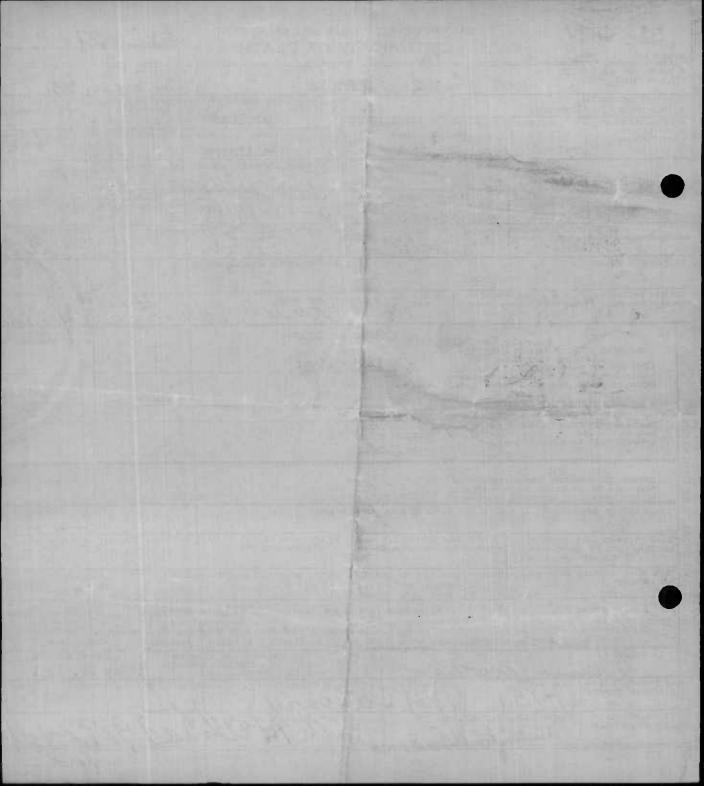


B-635  BALTIMORE CITY HE CERTIFICATE  CERTIFICATE	
1. NAME OF DECEASED (Type or Print) Town Frankley Bo	tuer   2. DATE OF DEATH 5-78-5/
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 4508 Refuech Rd. (1)	c. CITY OR TOWN. (If outside corporate limits, write RURAL and give township)
congth of stay in Baltimore  55 Mos. Days	D. STREET ADDRESS (If rural, give location) 4508 / Wal LOUR (Rd., 27-14
5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) W. W	8. DATE OF BIRTH 9. AGE (In years of Under I Year last birthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work dome during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY  10B. KIND OF BUSINESS OR  10B. KIND OF BUSINES	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY? Y. SA.
Lewis L. Bortuly	Seranda Miller
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uokoowo) (If yes, give war or dates of service) SECURITY NO.	Torner Bortuls 4508 / Swieh Rd.
18. CAUSE C	OF DEATH INTERVAL BETWEEN ONSET AND GEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  OUE TO	etaster Carcumo 4 mo.
	my all Carleman 4 ms
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	releveter Cardenmenten denne 4 mg.
19 DATE OF OPERATION 198. MAJOR FINDINGS OF OPER.  21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.	or 21c. WHERE DID of in Baltimore City, give exact location)
10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE	
24A. BURIAL CRIMAY 24B. DATE -1-5-1 24C. NAME OF CEMETER TION, REMOVAY (Specify)	RY OR CREMATORY ( Ap. LOCATION (City, town, or county) (Start)
MAY 291957 REGISTALIA SULTATION AND AND AND AND AND AND AND AND AND AN	25 FUNERAL DIRECTOR ADDRESS ADDRESS Mid.

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De John C Osborne 3174 northern har heavy 017837 5600 Harford Rd 4a 49 79

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D.10		1-	162		CERTIF	FICATE	E OF DEATH	-	Rogister	ed No.		
	TH NO.	DECEASE						- 10	2.77			
	pe or Print)		MA	RV	AGNES	उसमा	PRIES		OF M	25 20	1051	
3. F	LACE OF	DEATH:	I'LI'L	LUL	AdMED	OBET	4. USUAL RESIDE			ay 28,		ence
A. E	Baltimore	City, Ma					A. STATE		B. COUNT		before adn	
	ULL NAME		f not in hospit	al or instituti	on, give street	t address or location)	c. CITY OR TOWN		do	14	TOTAL	
INS	TITUTION	Mam	was Car	namal H	0001407				de corporate	10 .		and give wnship)
15	4	mar	yland Ge	neral n	ospital	Yrs.	D. STREET ADDRES	imore	give logation	17-01	2	
,	mouth of	whom to T	7 - 14.			Mos.	1 a L	os y il Tutal,	A POLICIOI	0/10	0 /	-
5	ngth of		Baltimore	7 SINGLE	MARRIED.	Days	8. DATE OF BIRTH	Cul	GE (In year	NVW	1	- 0.4 H
,	Mama I a				ED, DIVOR	(Specify)	7 - 11 - 1	010	ast birthday)	Months D	ays Hours	r 24 Hours
	Female		Lored  ON (Give kind of		arace	10	d - / d - /	7/01	33			•
work d	one during mos	of working li	re, even if petired)	TOB, KIND	OF BUSINE	NDUSTRY	11. BIRTHPLACE (St	ate or foreign	country)		TIZEN OF	
10	NO.	mee	nu	In	vale		//	w.		M.	200	U.
13.	FATHER'S	NAME	2				14. MOTHER'S MAI	DEN NAME				
			•					1		,	,	
15. (Yes, a	WAS DECEAS	SED EVER    )   (If yes,	N U. S. ARMED	FORCES?	16. SOCIAL	ITY NO.	17 NFORMANT A	101	14	ADORES	5-	
	no		no			0	Can +	Ille	V-Ein	ins Ch	abelo	Pal
	18.	810				CAUSE (	OF DEATH					ETWEEN
	DISEA	ASE OR	CONDITION	DIRECTLY						DN	SET AND	DEATH
	(This do	LEADII	NG TO DEAT	TH f dving, e.g	(A)	Fatty	liver					
	heart fail	lure, asther	nia, etc. It mea	ns the disease	2,	• • • • • • • • • • • • • • • • • • •	***************************************	***************************************		***************************************		**********
					, 502 10							
		ANTECE	DENT CAUS	ES								
Z	DISEASE	ES OR CO	NDITIONS, IF	ANY, GIVIN	G	÷ • • • • • • • • • • • • • • • • • • •	***************************************		***********************			************
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<u>ح</u> اح					(C)	••••••••••	***************************************			***************************************		
RTIFICATION			11									
본			ANT CONDI									
빙-			R CONDITION									1.02
Ŭ, '	9A. DATE	OF OPERA	ATION 15	BB. MAJOR	FINDINGS	OF OPERA	ATION				O. AUTOP	
<u>ج ا ج</u>	14 EYTED	MAL CAL	ISE WAS	1 218 PLAG	CE OF INJU	RY (a g in	or   21c. WHERE DI	D (If in I	Baltimore Ci			ND L
ج ا د		NG OR	CONTRIB-		rm,factory,stree				Datemore Of	cy, give exa	et location	,,
	210. TIME OF INJURY		(Day) (Year)	(Hour)   2	1E. INJURY	OCCURRE	D 21F. HOW DID	INJURY OCC	UR?			
					WORK	NOT WHILE						
	2. 1 certs	ify that	I took char	ue of the r	emains de	seribed at	bove, held an P.	artial A	utopsy	ther	con and	from
							equiry, find that s	utopsy, Inspec	tion or Inqu	irv		
	and de	eath in n	ny opinion	resulted fr	om: natur	al causes	M, accident □, s	$uicide \square$ , $h$	omicide [	$\mathbb{T}$ , undeter	mined	100ve,
2	BA. SIGNA		_	1/1	~/		238. CHIEF MED	DICAL EXAM	NER	23c. DATE		
		Tilles	in []	15052	1	М.	D. MEDICAL INVES	DICAL EXAM STIGATOR	INER	May 28	, 1951	1
24A TION	BURIAL.		248. DATE	2	4C. NAME OF			24b. LOCAT			(ty) (t	State)
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	E RECEIVE		REGISTRAR'S	SIGNATUR	RE		25. FUNCRAL DIRE	CTOR /	1	ADDR	ESS	
11/	AL REGIST	RAR	- Thurster	ton N.	Ho E	.1. 0	66/19	Uste	ad	408	Du	111
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					120	f-A			10/1	13 /4	M	7



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived at in the total or : residence A. STATE A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If oatside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) D. STREET ADDRESS Yrs. (If rural, give location) Mos. Days 6. COLOR OR RACE 7. SINGLE, MARRIED, (WIDOWED, DIVORCED (Specify) 5. SEX 9. AGE (In years il Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? mount 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME romas 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS 210 17. INFORMANT (If yee, give war or dates of service) (Yes, no or unkoown) SECURITY NO. place and INTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 21A. ACCIDENT. SUICIDE. 218. PLACE OF INSURY (e.g., in or WHERE DID (If in Baitimore City, give exact location) (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE

22. I hereby certify that I attended the deceased from way 27, 1961, and that death occurred at\_ deceased alive on

24B. DATE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

LOCAL REGISTRAR

Burnal DATE RECEIVED BY

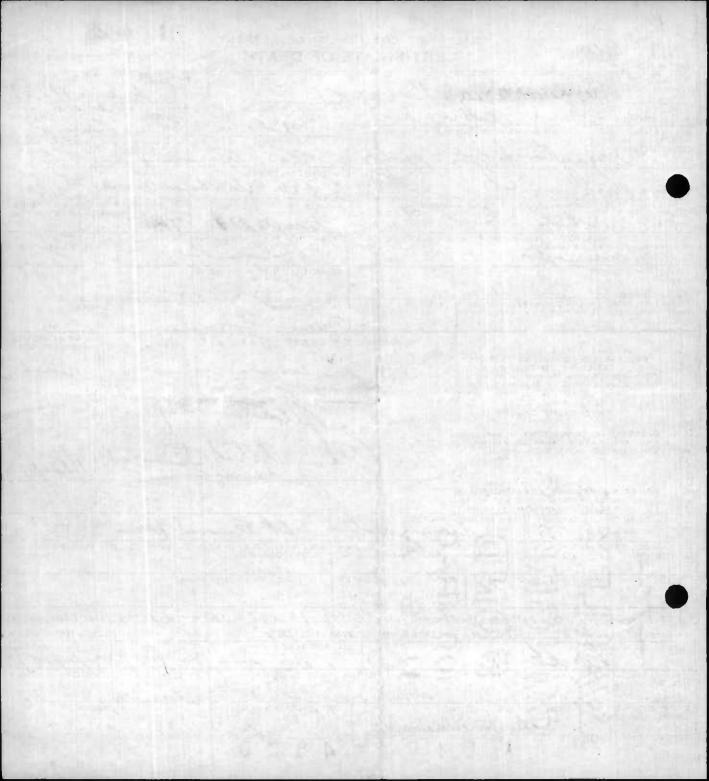
23A. SIGNATURE

16. 1967, to 100 2, 190 7 that I last saw the

240m., from the causes and on the date stated above.

238 ADDRESS 23c. DATE SIGNED 24D. LOCATION (City

Cern REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS

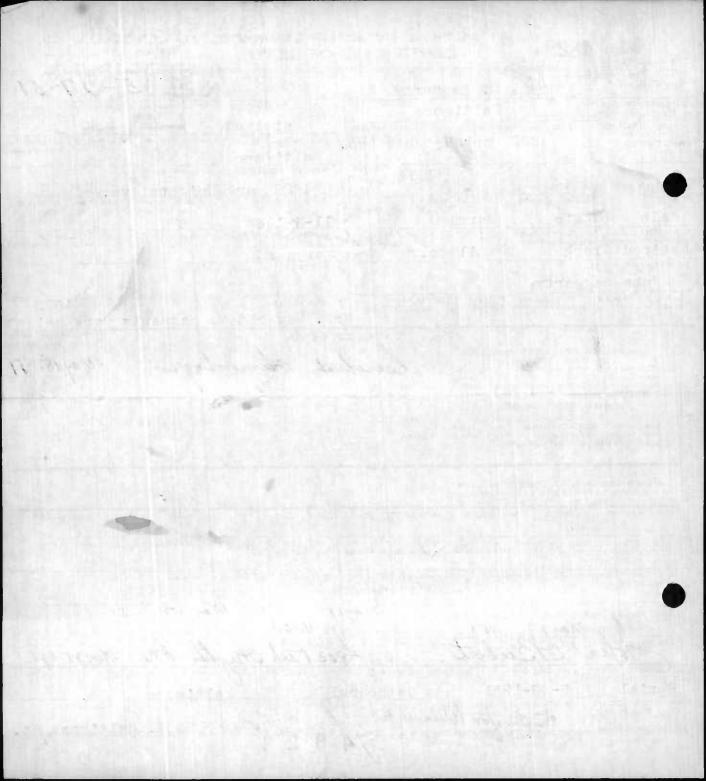


H-263

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4829 Registered No. BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE Frank D. Haggerty OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deccased lived, If institution : residence Baltimore A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR 4622 Park Heights C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) life Mos. ngth of stay in Baltimore Days Park Heights 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours; Min. Male White Married 11-3-1863 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork doneduring most of working life, even if retired INDUSTRY WHAT COUNTRY? Retired Clerk Oil Co. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Haggerty 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS 4622 (Yes, no or uoknowo) (If yes, give war or dates of service) SECURITY NO. Mrs. Magaret M. Haggerty Park Height 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hemombey (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY WHILE AT NOT WHILE! WORK AT WORK 22. I hereby certify that I attended the deceased from may 18 1951, that I last saw the . 1951. and that death occurred at 11.15 Am., from the causes and on the date stated above deceased Alive on noy 27 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME of CEMETERY OR CREMATORY 246/LOCATION (City, town, or county) Burial 5-30-1951 New Cathedral Baltimore Md DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. PUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 0244 3000 E.

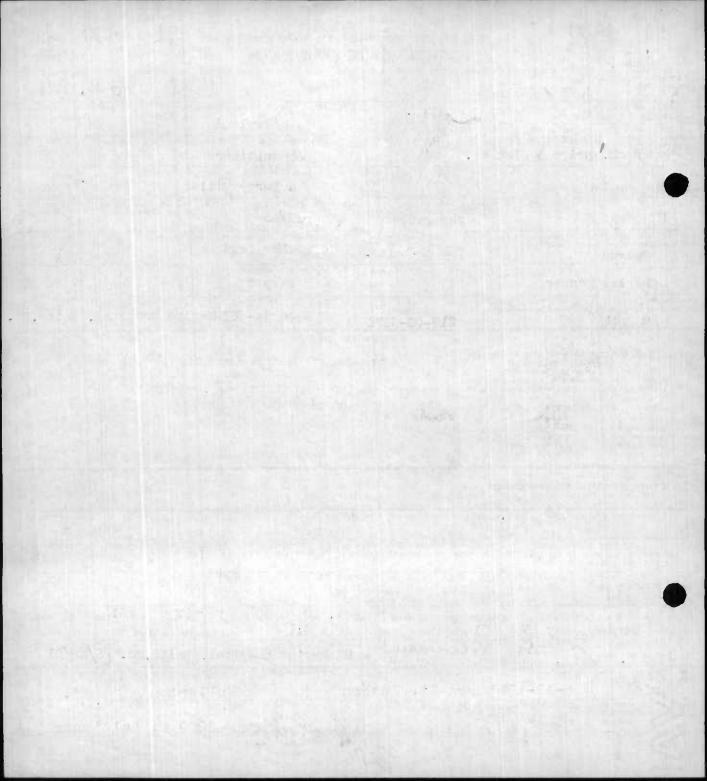
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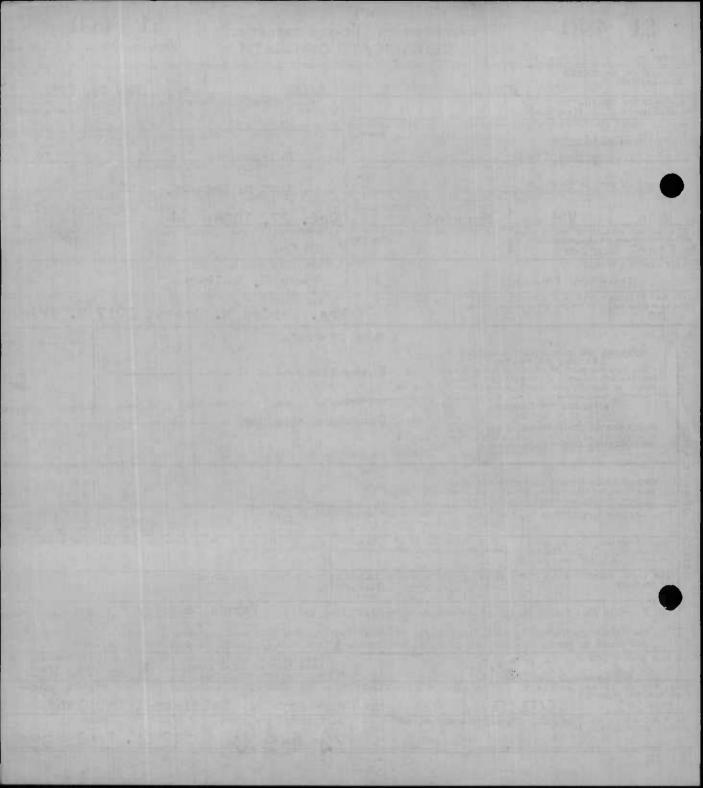
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4830 Registered No.

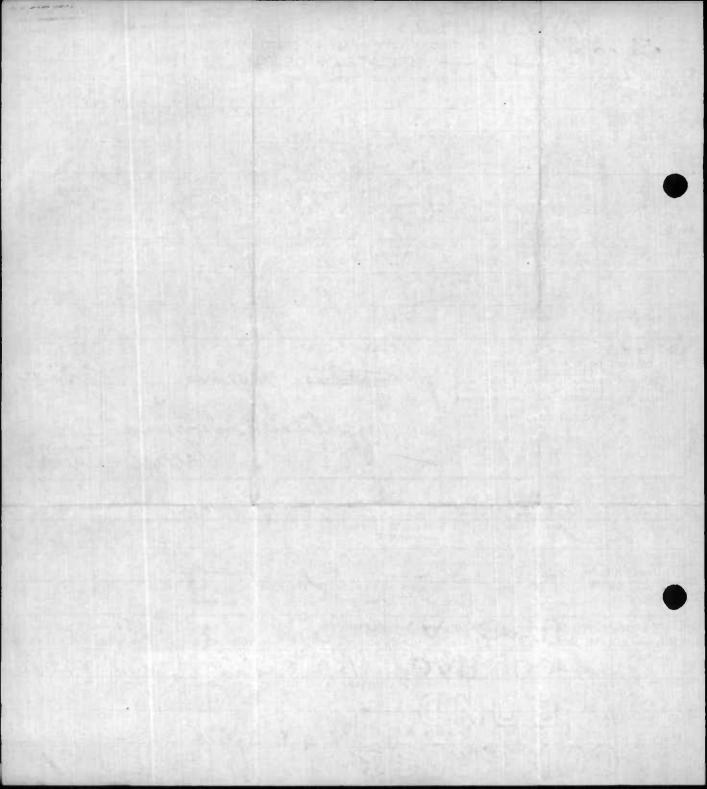
ВІ	RTH NO.	1-340		CLIVIII ICAI	L OI DEATH		
	NAME OF D ype or Print)	eceased JOHN MAENI	VER			2. DATE OF DEATH	May 27, 1951
B. HC	FULL NAME	City, Maryland	Balt: al or institut fospita lst St.	ion, give street address or location)	A. STATE	(If outside corporate line	If institution: residence before admission) mits, write RURAL and give township)
c.	egth of s	tay in Baltimore	?	Yrs. Mos. Days	17	(If rural, give location)  Villa	5300
	M	6. COLOR OR RACE	WIDOW	e, married, VED, DIVORCED (Specify) <b>Separated</b>	8. DATE OF BIRTH 3/17/85	9. AGE (In years last birthday) 66	Months Days Hours Min.
work	done during most of			Villa-Balto.	11. BIRTHPLACE (Stat		12. CITIZEN OF WHAT COUNTRY?
		es Manner		VALERCY MY HOME	14. MOTHER'S MAIDE Mary ?	EN NAME	
15 (Yes	NO NO	D EVER IN U, S. ARMED (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO. 219-03-6172	17. INFORMANT Records-	US Marine Hosp	ADDRESS pital, Balto, Md.
		SE OR CONDITION LEADING TO DEAT not mean the mode of	'H	CAUSE Carcin	OF DEATH	(resected 1942	INTERVAL BETWEEN ONSET AND DEATH
	injury or	re, asthenia, etc. It mea complication which c ANTECEDENT CAUS	aused death	) pur To extens	ive metastases and ribs	to vertebrae	Unknown
ERTIFICATION	RISE TO T	OR CONDITIONS, II HE ABDVE CAUSE (A) VING CONDITION LA	STATING TH				
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D			
	19A. DATE O	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
MEDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(If in Baltimore City	y, give exact location)
2	21D. TIME (	Month) (Day) (Year)		21E, INJURY OCCURR WHILE AT WORK NOT WHILE WORK		JURY OCCUR?	
	deceased al		, 19 51	and that death occur	Nov. 20 $_{19}50/_{t}$	o May 27, 19 om the causes and on	5], that I last saw the the date stated above.
		Wilson, Med	cal Di	rector M. D.		pital, Balto,Mo	1. 23c, DATE SIGNED 5/28/51
24 TIO	N. REMOVAL (S Burial	Decify) 5-31-1		St. Jose		Fuller ton	wn, or county) (State)
LC	TE RECEIVE	RAR REGISTRAR	S SIGNATU	REGULATION OF	Shuld Maso		ADDRESS
	VS 150	43		763 8/15	A 8 212		47a



	51	483	31	BAI	LTIMORE CITY H	EALTH DEPART	MENT	51	483	1	
BI	RTH NO.	G.	650		CERTIFICAT	E OF DEAT	Н	Register	ed No		
1.	NAME OF	DECEAS	ED				2. D.				
(1)	ype or Print	.)	H	OWARD	L.	GREEN		ATH M	ay 28.	1951	
	PLACE OF Baltimore					4. USUAL RESIDE			d. If institu		
				al or institut	tion, give street address or			. COUNT		before admissi	OH
HC	STITUTION	₹ .			location)			corporate l	imits, write	e RURAL and	
			Hospital			Balti	mana			townsh	nip
		1114	majir ta i		Yrs.	D. STREET ADDRE		ive location	1)		
d	ngth of	stav in	Baltimore		Mos. Days	3076	v T S.		26-	Myl. P.	
5.	SEX		LOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	N. Iris S	E (in years	s If Under 1 Y	Year   H Under 24 M	
	Male		White	Marr	VED, DIVORCED (Specify)			t birthday)	Months I	Days Hours M	in.
10.	A. USUAL C	CCUPAT	TION (Give kind of	108 KINE	OF BUSINESS OR	11. BIRTHPLACE (S	17001		112 C	ITIZEN OF	
work	done during me	et of working	glife, even if retired)		INDUSTRY	Ohio		, ,		HAT COUNT	RY
	Steel FATHER'S		er			14. MOTHER'S MA	IDENI NIVIT				
					MILLA						
4.5			y Green			Mary F.	walker				
(You	no or unknow	n) (If y	R IN U. S. ARMEC	FORCES?	16. SOCIAL SECURITY NO.	Mrs. Mario	n M. Gre	en, J	LO17 N		
	18.	01	1		CALISE	OF DEATH			JIN	TERVAL BETWE	EEI
	2	ASE OF	CONDITION	DIRECTLY	CAUSE	OF DEATH			Of	NSET AND DE	ATE
		LEAD	ING TO DEA	TH							
	heart fa	ilure, asth	ean the mode of enia, etc. It mea	ins the diseas	se,	<i>r</i> -liver	*************************	****************			
	injury	or compli	ication which	aused death	DUE TO						
		ANTE	CEDENT CAUS	SES							
zl	DISEAS	ES OP C	ONDITIONS, I	E 4319 61911	(B)Chror	ic alcoholis	3m			*************************	
ᅙᅵ	RISE TO	THE ABO	OVE CAUSE (A)	STATING TI	46						
A	UNDER	LYING C	CONDITION LA	ST.	(C)						
RTIFICATION									Marie Commission (Section		
<u> </u>	OTHER	SIGNIF	II ICANT CONDI	TIONS CON	٧-						
요.			OR CONDITION								
ö	19a. DATE				FINDINGS OF OPER	ATION			2	O. AUTOPSY	?
			90							ES NO	
CAL	21A. EXTE	RNAL CA	AUSE WAS		ACE OF INJURY (e. g., i		ID (If in Ba	ltimore Cit		act location)	
			OF DEATH.	about home, f	farm, factory, street, office bldg.,	INJURY OCCUI	R?				
Σ			(Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCL	R?			
ď	OF INJUR	Y			WHILE AT NOT WHILE						
B.	To I som	42 for 17	1 7 1007 7 7	m.	WORK AT WORK	7 7 7 P	artial Au	tonen	- 1		-
	22. 1 cer	tijy tna	t I took char	ge of the	remains described of	,	Autopsy, Inspection			reon and fro	011
	the e	vidence leath in	obtained by my opinion	said Auto	psy, Inspection or I rom: natural causes	Inquiry, find that	said deceased	l died on	the day	stated abormined [].	ve
	23A. SIGN	ATURE	10	11			DICAL EXAMIN		23c. DAT	E SIGNED	
	Ma	lean	allorole		м	.D. MEDICAL INVE	EDICAL EXAMINESTIGATOR		May 2	9, 1951	
	A. BURIAL. N. REMOVAL		246 DATE	0 1	24c. NAME of CEMETE				wn, or eour	nty) (State	e)
	buria.	Ì /	5/31/	51 4	Oak Lawn C	emeterv	Baltin	nore.	Mary	land	
	TE RECEIV		REGISTRAR	TEL GIVABLE	BENDA , ALLES	25. FUNERAL DIRE			ADDF		
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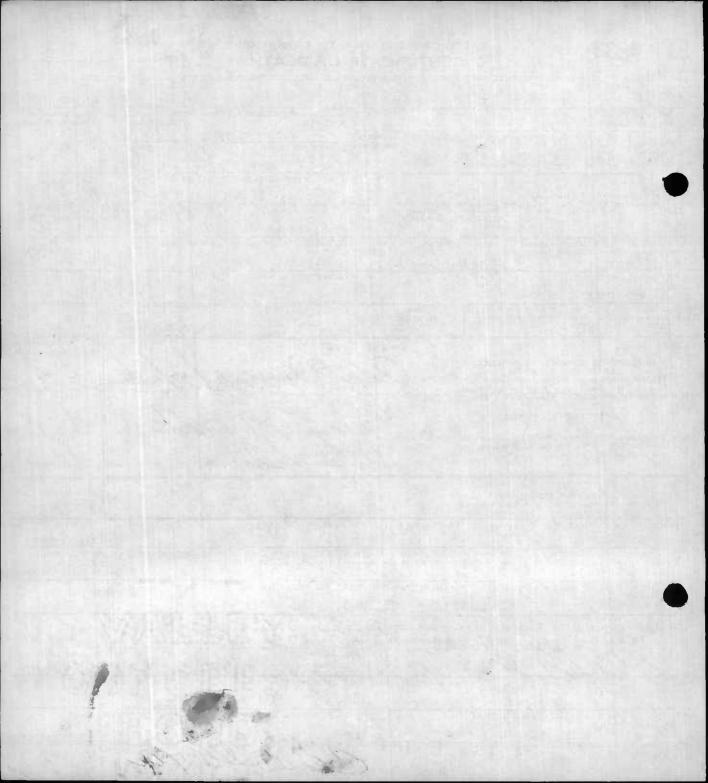
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51	4832	BAL	TIMORE CITY HE	ALTH DEPARTMENT		
BIRTH NO. G			CERTIFICATI	E OF DEATH	Registered N	0
					I o Date	
1. NAME OF DEC (Type or Print)		J. Grin	dall		2. DATE OF Mav.	27, 1951
3. PLACE OF DEA	ATU.			4. USUAL RESIDENCE (V	1	
A. Baltimore Cit	ty, Maryland			A. STATE	B. COUNTY	before admission)
B. FULL NAME OF	F (If not in hospit	al or institution	on, give street address or location)	Maryland c. CITY OR TOWN (If	outside cornorate limits	, write RURAL and give
INSTITUTION	3718 W.	Carrigo	n Aronie	Baltimore	Oddorac Corp. or core Times.	township
0.0	2120 118		77 Yrs.	D. STREET ADDRESS (If	rural, give location)	
c. Length of sta	y in Raltimore		Mos.	3718 W. Garriso		27-18
	COLOR OR RACE	7. SINGLE	Days . MARRIED.	8. DATE OF BIRTH	9, AGE (In years) If	Under 1 Year   If Under 24 Hours
Female	White	Singl	ED, DIVORCED (Specify)	March 29, 1880	last birthday) Mor	ths Days Hours Min.
	UPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF
ork doneduring most of v	working life, eyen if refired)		ty & Dep. Co.	Baltimore, Md.		WHAT COUNTRY?
13. FATHER'S NA		, 20022	Bank	14. MOTHER'S MAIDEN N	AMF	
		a amb Can		THE PERSON NAMED IN COLUMN		
15. WAS DECEASED	EVER IN U. S. ARMEI	seph Gr	16. SOCIAL	Tda L. Demosey		
Yes, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT		DDRESS
1 1				Miss Mary L. Bo	ya 3313 Dorch	INTERVAL BETWEEN
18. 4/43	X		CAUSE	OF DEATH		ONSET AND DEATH
L	OR CONDITION	TH	11	-1 //	4.0	severales
	not mean the mode of a asthenia, etc. It mea			EGGOL NYALA		manu,
injury or c	omplication which	aused death.	DUE TO			
A	NTECEDENT CAUS	ES	LI.	pertensive Con	0	
DISEASES	OR CONDITIONS, I	F ANY. GIVING	(B)	The Contract Con	xisvasenas	
RISE TO THE	E ABOVE CAUSE (A)	STATING THE			de in	many
δ l			(c)V	***************************************	agrape	glav.
	11					-
	ONIFICANT CONDI				1/.	
	EASE OR CONDITION				10 one	
	OPERATION ()	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
V /VOV	NT WAS UNDER-	L 21p DLA	CE OF IN HIPY (s - i	n or   21c, WHERE DID (	If in Baltimore City, g	YES NO V
LYING OR	CONTRIBUTING		CE OF INJURY (e. g., i irm,factory,street,office bldg.,		ii m mainingle ony, g	ive tract location;
S		(YI) I o	The International Control	ED OIT HOW DID IN HID	V OCCUPA	
INJURY	Ionth) (Day) (Year)		THE INJURY OCCURR		Y OCCUR?	
		m.	WORK AT WORK		the state of	
22. I hereby	certify that I att	edled the	deceased from Man	red at 8:00 P.m., from t	lay 27 -, 195 (	, that I last saw the
deceased alir	ve on May 27	=, 195L. a	and that death occur	rred at 3:00 P.m., from t	hacauses and on th	e date stated above.
23A. SIGNATU	JRE O O	5 0	1 A 1 2	3B. ADDRESS	0. C+ 7 04 0	23c. DATE SIGNED
101	received	( )	M. D.	36. 0 COLON	1 St. Sally .	f, 3-27-37
24A. BURLL. CR TION, REMOVAL (Spe	ecify)		4c. NAME OF CEMETE		OCATION (City, town,	or county) (State)
Burial	5/30/5		New Cathedra	l Ba	ltimore, Md.	455556
DATE RECEIVED LOCAL REGISTRA			RE	25. FUNERAL DIRECTOR	4,1 -	ADDRESS A
MAY 3 1 19	951 · Line	WALL TAINET	Town Williams	10 Ch. 12 - Ochi	408 marker	1. Oalver Nt



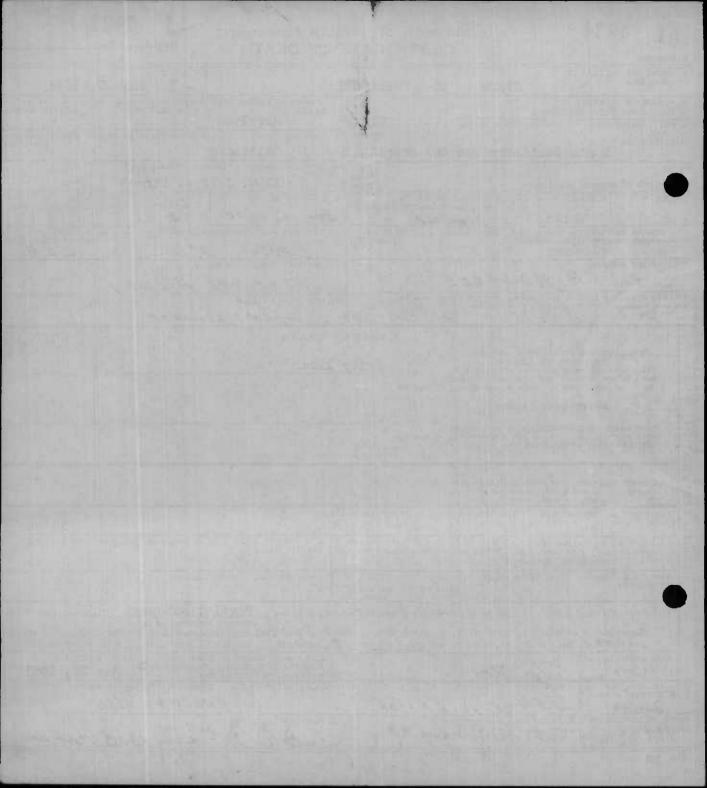
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### BALTIMORE CITY HEALTH DEPARTMENT

51 4833 Registered No\_ CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF GEORGE T. CHADMAN DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or MARYT, AND HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION townshin 748 W. REDWOOD STREET BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. TITTER 748 N. REDUOOD STREET c. Length of stay in Baltimore Days 9. AGE (In years last birthday) | Months Days | Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 6/8/1884 10A. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Chauffeur Visitation Chape BALTO, MD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RELIGIORG. JACOB CHAPMAN MARY CARROLL 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. NO NO NONE MAMIE COPLEN( INTERVAL BETWEEN 18. 4/2011 CAUSE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO CERTIFICATI UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20 AUTOPSY DICAI VES 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ш CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE WORK AT WORK , 196/, to\_ 22. I hereby certify that I attended the deceased from , 19 that I last saw the arred at fm., from the causes and on the date stated above. deceased alive on 195/ and that death occurred at 23A. SLOWATERE 24A BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 248 DATE NEW CATHEDE 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR - butte store Miliams, Mr.



( ) vilke	m-450		ORE CITY HE			Registered	No	
1. NAME OF DI (Type or Print)	ECEASED	ZRUS Z	MALLONE	3		OF Morr	27, 1951	
B. FULL NAME OF DIA. BAILTIMOTE OF HOSPITAL OR INSTITUTION	EATH: lity, Maryland		rive street address or location)	4. USUAL RESID	ENCE (Where de	ceased lived. If	f institution : resider before adm ts, write RURAL ar	nd give
	South Baltim	ore Genera	1 Hospital	Balt D. STREET ADDRI	timore ESS (lf rural, g	ive location)	tow	nship
ngth of s	tay in Baltimore 6.COLOR DR RACE	7. SINGLE, MA	Days	8. DATE OF BIRTH		E (In years)	H Under I Year It Under	24 Hours
Male	White	DINGEVE		Jan 13, 17	900 5	2 5%	onths Days Hours	
			INDUSTRY	11. BIRTHPLACE (S	SN ML	)	12. CITIZEN OF WHAT COUR	NTRY
CYRUS	V.B. MAL			CATHE	RINE H	ICKE	r	
(Yes, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	of service)	SOCIAL SECURITY NO.	17. INFORMANT	MALLON	A	ADDRESS	
C CTHIS does heart failu injury or DISEASES RISE TO TI UNDERLY OUT THE STRIBUTING	E OR CONDITION LEADING TO DEA' not mean the mode ore, asthenia, etc. It mes complication which of the complication which of the complication which of the complication which of the conditions, is the above cause (A) in Condition La condition La condition condition to the death, but sease or condition	TH of dying, e.g., ms the disease, eaused death.)  SES  F ANY, GIVING STATING THE LST.  TIONS CON- NOT RELATED	(A) Fatty DUE TO  (B)	liver				
U 19A. DATE O	F OPERATION 1	9B. MAJOR FIN	DINGS OF OPERA	TION			20. AUTOPS	SY?
UNDERLYING	AL CAUSE WAS OF OR CONTRIB- AUSE OF DEATH.		OF INJURY (e. g., in ctory, street, office bldg., etc			ltimore City,	give exact location	)
Z 21D. TIME ()	Month) (Day) (Year)	(Hour) 21E. WHILE WORK		21F. HOW DID	INJURY OCCL	IR?		
the evic	y that I took char denee obtained by ith in my opinion URE	said Autopsy,	Inspection or In	quiry, find that $\mathbb{K}$ , accident $\square$ ,	Partial At Autopsy, Inspecti- said deceased suicide [], ho	on or Inquiry $d$ died on $th$ $micide \square$ , $t$	he day stated a	above
24A. BURIAL, C	REMA- 24B DATE	)   24c. 1	M.I	MEDICAL INVI			May 28, 195	1
SURJAL	3/30/	51 6	ASTON		EAST	ON, M	P.	
MAY 3 01	AP I I dl	S, SIGNATURE	MA C	Same d.	mc Cut	Ply 130	6. Fort as	e
V S 151	0	1 9	000710		6	12	24B V	



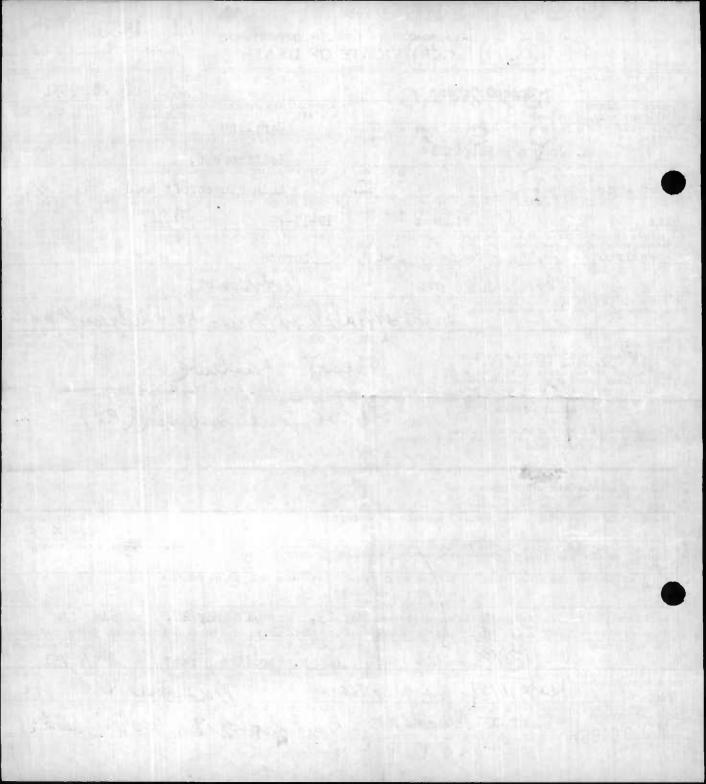
N-615 51 4835

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

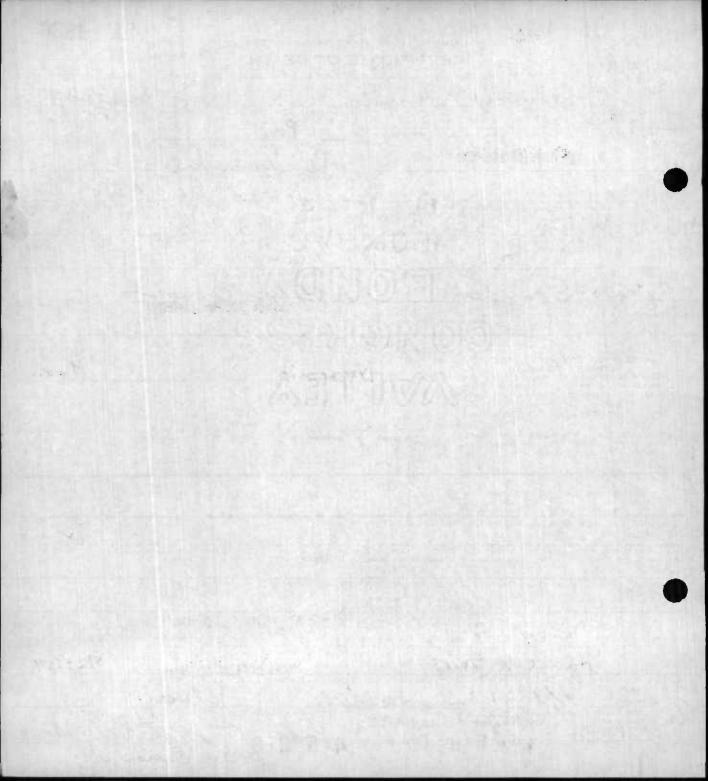
51 4835

Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE
Joseph Urban	DEATH May 28, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give
INSTITUTION St. Joseph's Hospital	township)
	Baltimore 6,
Lt (Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
ngth of stay in Baltimore	4414 Ridgecroft Road -/-01
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) Widower Widower	8. DATE OF BIRTH  9. AGE (in years if Under I Year Min.)  12-17-75  9. AGE (in years if Under I Year Months; Days Hours Min.)  75 vrs
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
work done during most of working life even if retired)	WHAT COUNTRY
13. FATHER'S NAME	Europe
John (11 logs)	14. MOTHER'S MAIDEN NAME
15 WAS DECEASED SHED IN HIS ADMED SORGER LAG COOK	VIII 1900
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	Allen Druge 4014 Redders Whole
18. Jan Y CAUSE	OF DEATH INTERVAL BETWEEN
10/1	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Part Kailing
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	m / music
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	bas foreunionia (Rt)
Z DISTASTS OF CONDITIONS AS ANY COURSE	voi (meunionia (M)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	V
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION   20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g., in	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., e	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
	y 23, , 1951 to May 28, , 195] that I last saw the
	rred at 6:25A on., from the causes and on the date stated above.
	23B. ADDRESS 23C. DATE SIGNED
	1400 N. Caroline Street 5/8/51
	RY OR CREMATORY 24D. LOCATION (City, town or county) (State)
TION, REMOVAL (Specify) (Mars 31/51 Wall Acch	eney. Relimas kid
The state of the s	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
MAY 301951 tuntil atom Nollians, Mar	Transforacy Bu 400 4 16 bester
VS 150	
	108

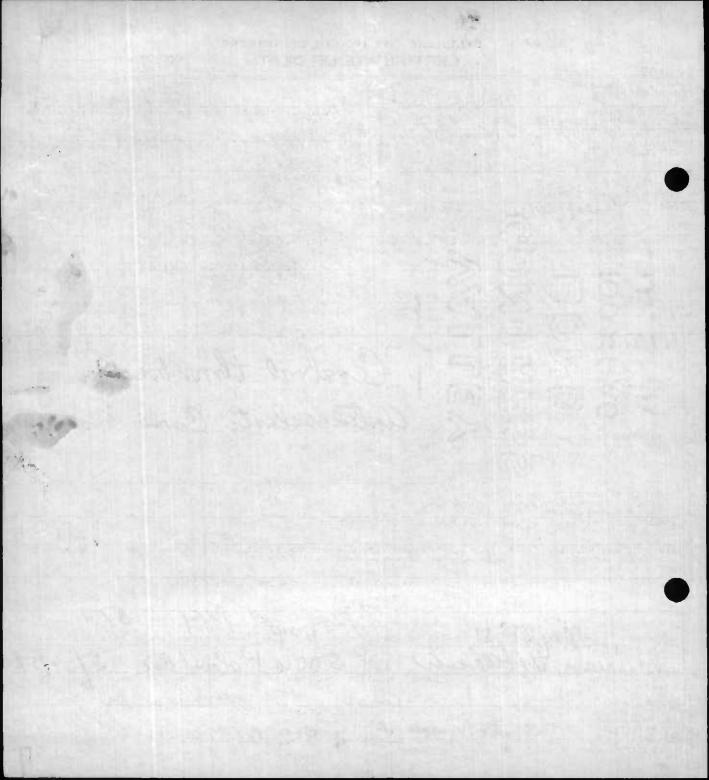


12-25 1955 to\_ 5-29, 1951, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 5-29 , 1951, and that death occurred at\_ m., from the causes and on the date stated above. 23a. ADDRESS 23A. SIGNATURE 23c, DATE SIGNED MATORY 245. LOCATION Teity, town, or county) 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR ADDRESS VS 150



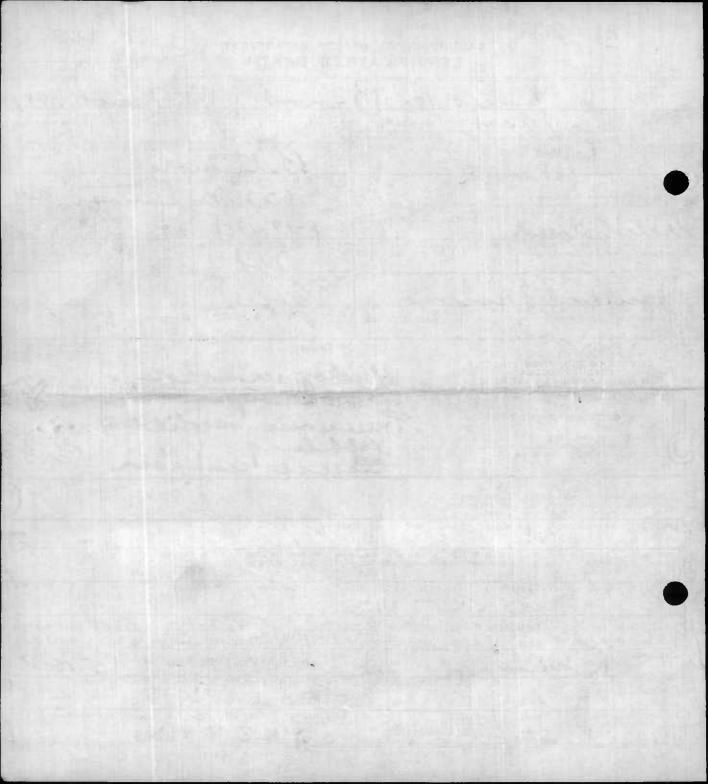
# 51 4837 BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH Registered No	
1. NAME OF DECEASED (Type or Print)  2. DATE OF	77 1051
3. PLACE OF DEATH:  A. Baltimore City, Maryland 2/3 2, 33rd St.  A. STATE  B. COUNTY  B. COUNTY  A. STATE	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corners to limits were	
Astlimore Man	township)
c. Length of stay in Baltimore  Yrs.  Do. STREET ADDRESS (If rural, give location)  Location Days  2/3 5, 33 4	0/12-02
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)   8. DATE OF BIRTH   9. AGE (In years)   Hunder Months	
10A. USUAL OCCUPATION (GivekInder) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF
work done during most of working life, oven if retired) Houstry Martinisbury W/ Va W	WHAT COUNTRY?
13. FATHER'S NAME	
15: WAS DECEASED EVER IN U. S. ARMED FORCES? 16: SOCIAL 17. INFORMANT ADDRESS	ESS 0
(Yes, 160 or unknown) (If yes, give war or dates of service) SECURITY NO. Was four Birely 213 6.3	3 st St
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	YES ND
21a. ACCIDENT. SUICIDE.  ADDITIONAL SUICIDE.  ADDIT	exact location)
D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  WHILE AT WORK   NOT WHILE   NOT WHILE   NOT WORK   NOT WHILE   NOT WORK   NOT WHILE   NOT WORK   N	at I last saw the ate stated above.
24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY DR CREMATORY 24D. LOCATION (City, town, or co	ovity) (State)
TON, REMOVAL (Specify) Way 30/57 Woodlawn Woodlawn, Wa	ryland
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	DA ZLA
MAY 301951 - Lintuston Williams, Me Johnson of July 5005 to	1/19/10



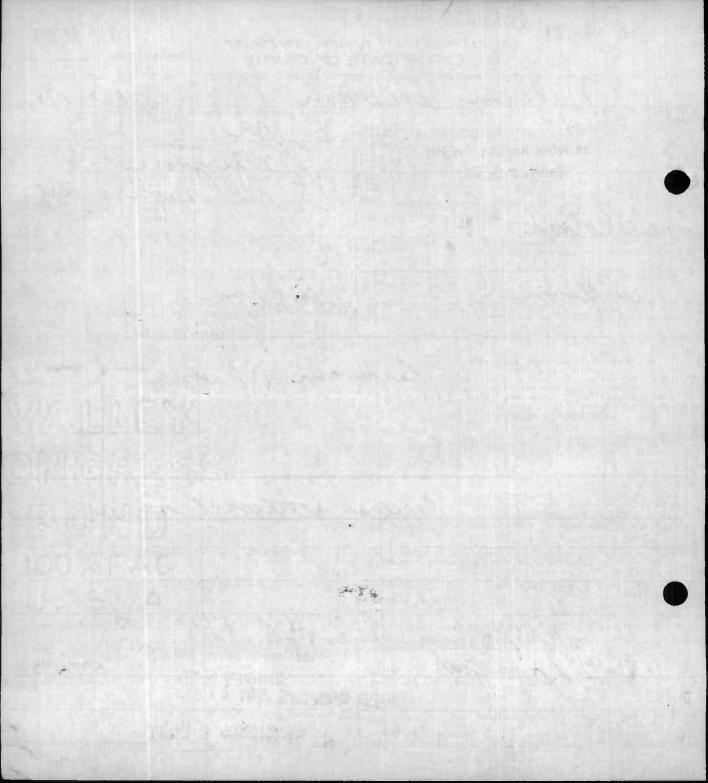
## BALTIMORE CITY HEALTH DEPARTMENT

BALTIMORE CITY HEALT CERTIFICATE O		4838
CERTIFICATE O	T DEPARTMENT	1000
BIRTH NO.	T DEATH	
1. NAME OF DECEASED (Type or Print)	2. DATE OF	11 105
3. PLACE OF DEATH:	JSUAL RESIDENCE (Where deceased lived, It instit	ution: residence
A. Baltimore City, Mary And acce I wom A. S	TATE B. COUNTY	before admission)
14 1	ITY OF TOWN (If outside corporate limits, wri	
Baltimore 5, Md.	Ballimore 5-	township
Yrs. Mos.	TREET ADDRESS (If rural, give location)	-0
c. Length of stay in Baltimore Days	ATE OF BIRTH 9, AGE (In years) If Under	Year If Under 24 Hours
WIDOWED, DIVORCED (Specify)	L-19-19A1 last birthday) Months	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. E		CITIZEN OF
work done during most of working life, even if retired) INDUSTRY	med	WHAT COUNTRY
13. PATHER'S NAME	MOTHER'S MAIDEN NAME	2
James drown	Cora	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, he or unknown) (If yes, give war or dates of service) SECURITY NO.	INFORMANTHE Johns Hopkins Hospital	ESS
	Baltimore 5 M	
48. 496 X 1 CAUSE OF E		NTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not most the mode of diving a re-	excess most oralle	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
ANTECEDENT CAUSES	and the	
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	lung	
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	us whow	
	ut whom	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	we turnour	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	N N	20, AUTOF57?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATIO	N COLOR OF THE PARTY OF THE PAR	20. AUTOPSY?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or placed) 19B. PLACE OF INJURY (e.g., in or p	N  21c. WHERE DID (If in Baltimore City, give of INJURY OCCUR?	YES NO V
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATIO  21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH	21c. WHERE DID (If in Baltimore City, give a	YES NO V
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATIO  21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.)  CAUSE OF DEATH  2. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY)	21c. WHERE DID (If in Baltimore City, give	YES NO V
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)	21c. WHERE DID (If in Baltimore City, give e INJURY OCCUR?	YES NO Exact location)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT	21c. WHERE DID (If in Baltimore City, give of INJURY OCCUR?  21f. HOW DID INJURY OCCUR?	YES NO Exercise No
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT	21c. WHERE DID (If in Baltimore City, give of INJURY OCCUR?  21f. HOW DID INJURY OCCUR?	YES NO Exercise No
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT	21c. WHERE DID (If in Baltimore City, give of INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  1951, to 5-1(-, 1951, the at the causes and on the document of the course of the Johns Hopkins Hospital 23	exact location)  at I last saw the ate stated above as DATE SIGNED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT	21c. WHERE DID (If in Baltimore City, give of INJURY OCCUR?  21f. HOW DID INJURY OCCUR?	exact location)  at I last saw the ate stated above as DATE SIGNED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH  O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY OF WHILE AT WORK AT YORK AT YORK AT YORK 22A. SIGNATURE 23B. A  24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OF TION, REMOVAL (Specify) 19 Section 1	21c. WHERE DID (If in Baltimore City, give of INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f. HOW DID INJURY OCCUR?	at I last saw thate stated above BC. DATE SIGNED Dunty) (State)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19A. DATE (A. g., in or about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH  1. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE AT WORK AT YORK AT	21c. WHERE DID (If in Baltimore City, give of INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f. to 5-1(	exact location)  at I last saw the ate stated above the s
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATIO 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH  7. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY 11NJURY 11NJURY 12. INJURY 12. INJURY OCCURRED 12. INJURY 12. INJURY 12. INJURY 13. INTURE 13. INJURY	21c. WHERE DID (If in Baltimore City, give of INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f. HOW DID INJURY OCCUR?	at I last saw that e stated above Sc. DATE SIGNED Dunty) (State)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19A. DATE (A. g., in or about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH  1. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE AT WORK AT YORK AT	21c. WHERE DID (If in Baltimore City, give of INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f. to 5-1(	at I last saw that e stated above Sc. DATE SIGNED Dunty) (State)

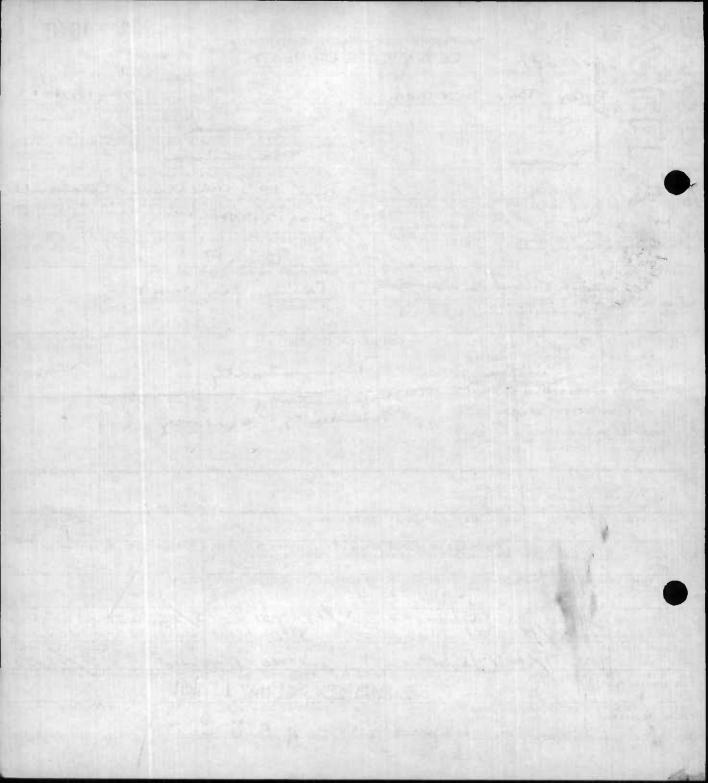


BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASE 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased fived. If institution : residence 3. PLACE OF DEATH A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR, TOWN Of outside corporate limits, write RURAL and give The Johns Hopkins Hospital INSTITUTION Baltimore 5, Md, (If ryra, give location Yrs. Mos c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year If Under 24 Hours 8. DATE OF BIRTH AGE (In years) last birth ay) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Mall Colored

10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT The Johns Hopkins Hospitalss SECURITY NO. Raltimore 5 Md INTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY ONSET AND DEATH LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO ERTIFICATI UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTHESY DICAL YES T (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21E. INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? INJURY WHILE AT AT WORK WORK . 19 7, that I last saw the 22. I hereby certify that I attended the deceased from\_ deceased alive on 5/ 0, 195/, and that death occurred at - Th., from the causes and on the date stated above. 238. ADDRESSJOHNS HOPKINS HOSPITAT 23c. DATE SIGNED 23A. SIGNATURE M. D 24C. NAME OF CEMETERY OR CREMATOR 24A. BURIAL. CREMA-(City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR The same state of the same of the VS 150



BIRTH NO.	51.106	31	CERTIFICATI	E OF DEATH	Registere	d No.
1. NAME OF E (Type or Print)	BARY	Boy	SEIDEL		2. DATE OF DEATH	may 15, 1951
	City, Marylan			4. USUAL RESIDENCE (	Where deceased lived B. COUNTY	lf institution: residence before admission
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in	hospital or insti	tution, give street address or location)	c. CITY OR TOWN (II		mits, write RURAL and gir township
ength of s	stay in Baltim	ore	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location	
5. SEX	6. COLOR OR		GLE, MARRIED, DWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	Months Days Hours Mir
OA. USUAL OC ork done during most	CUPATION (Give of working life, even if	kind of 10B. KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S I	llian F	rederics	2 Saidel	14. MOTHER'S MAIDEN N	AME C PONT	
15. WAS DECEAS	ED EVER IN U. S.	ARMED FORCES: or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	70 PBN 1	ADDRESS
(This does heart failt injury or	SE OR CONDITION LEADING TO So not mean the rure, asthenia, etc. complication w ANTECEDENT S OR CONDITION	DEATH mode of dying, It means the disc hich caused dea	e. g., (A)	Tentony	<b>Y</b>	INTERVAL BETWEE
OTHER S TRIBUTING TO THE D	THE ABOVE CAUS YING CONDITION  SIGNIFICANT OF THE DEATH DISEASE OR CONT  OF OPERATION	ON LAST. CONDITIONS C., BUT NOT RELA	(C)	ATION		20, AUTOPSY7
		7				YES NO
	DENT WAS UND R CONTRIBUTI DEATH		PLACE OF INJURY (e. g., in ne, farm, factory, street, office bldg., e		ir in Baltimore Cit	y, give exact location)
INJURY		m.				The state of the s
deceased a	live on 5			red at 345 pm., from t		
23A. SIGNA	TURE	Tolor J	Candler M. D. 2	3B. ADDRESS	apital	5 15 5
24A. BURIAL, TION, REMOVAL (S	CREMA- 24B, D. Specify)	ATE	JOHN HOPKINS		7 1951	wn, or county) (State)
DATE RECEIVE LOCAL REGIST		TRAR'S SIGNA	TURE Williams, Millo	25. FUNERAL DIRECTOR	2	ADDRESS
VS 150		1	A Marin and	. 0		0



### BALTIMORE CITY HEALTH DEPARTMENT

51	4841
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9	RTH NO.	51-112	854		CERTIFICAT	E OF DEATH	Registered	No	
1.	NAME OF D	ECEASED	BABY	13 o y	GERSTE	RICH	2. DATE OF DEATH	5-29-51	
B. HC	PLACE OF D Baltimore ( FULL NAME DSPITAL OR STITUTION	OF (If n	yland & ot in hospit	al or instituti	FAYETTE S.T. on, give street address or location) os pITAL	4. USUAL RESIDENCE A. STATE md.	(Where deceased lived.	If institution; residence before admission) hits, write RURAL and give township)	
c.	Length of s	tay in Ba	ltimore		Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location)	5300	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCE					. MARRIED, ED, DIVORCED (Specify)	5-29-5/	9. AGE (In years last birthday)	If Under 1 Year   If Under 24 Hours Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY					OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME  FRANK GERST BRICH  15. WAS DECEASED EYER IN U. S. ARMED FORCES?   16. SOCIAL					RICH 16. SOCIAL	Winifred Bennett			
(Yes	, no or unknown)	(If yes, giv	e war or date	of service)	SECURITY NO.	17. INFORMANT		ADDRESS	
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED								
AL C	19A. DATE C			9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?	
MEDICA	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give about home, farm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give about home, farm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give about home, farm, factory, street, office bldg., etc.)  21c. VHERE DID (If in Baltimore City, give about home, farm, factory, street, office bldg., etc.)  21c. VHERE DID (If in Baltimore City, give about home, farm, factory, street, office bldg., etc.)  21c. VHERE DID (If in Baltimore City, give about home, farm, factory, street, office bldg., etc.)								
	22. I hereby certify that I attended the deceased from $5/29$ , $195/$ , to $5/29$ , $195/$ , that I last saw th deceased alive on $5/29$ , $195/$ , and that death occurred at $5/29$ m., from the causes and on the date stated above 23A. SIGNATURE  23A. SIGNATURE  23B. ADDRESS  23C. DATE SIGNED  23C. DATE SIGNED  23C. DATE SIGNED								
Di	AA. BURIAL, ON, BOOVAL (S ATE RECEIVE DCAL REGIST	D BY RE	B. DATE	So/57	HOLY R	LOUND DIRECTO	Ball	ADDRESS	

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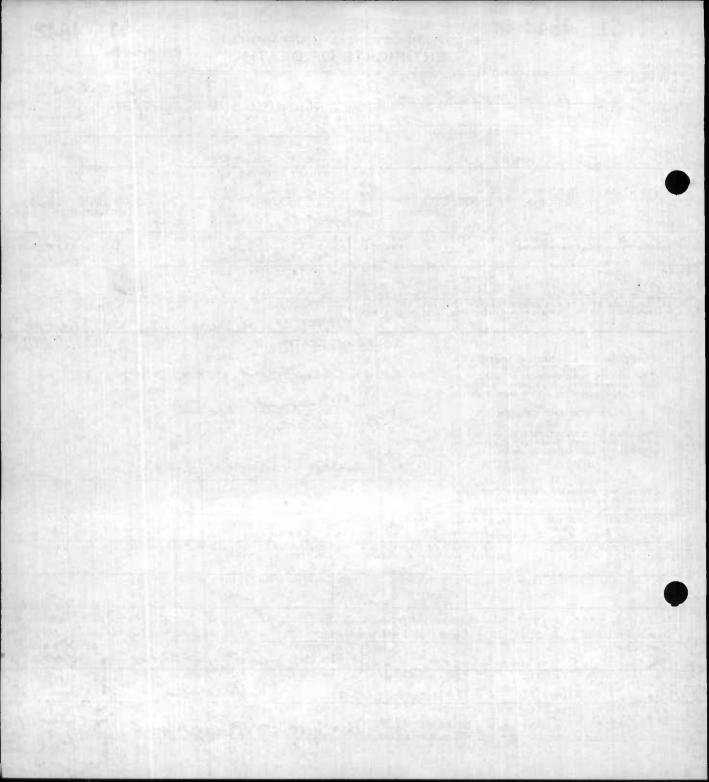
A COMMUNICATION OF THE PROPERTY OF THE PARTY 

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4842

Registered No\_

BIRTH NO.										
	NAME OF DECEASED  A da h. Strick Ph		2. DATE OF DEATH 5-28-5/							
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)								
	FULL NAME OF (If not in hospital or institution, give street address or	ma								
	OSPITAL OR STITUTION 90 location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)								
/	ma. Len Hesp.	Baltimore 22-02								
1	Yrs.	D. STREET ADDRESS Af rural, give location)								
c.	ength of stay in Baltimore life Mos. Days	229 S. Frement St.								
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Jan 18, 1882	9. AGE (In years   It Under 1 Year   It Under 24 Hours   Months Days   Hours Min.							
	A. USUAL OCCUPATION (Givekind of IOB. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fore								
work	d day during most of working life, even if retired) INDUSTRY	12000	WHAT COUNTRY?							
13	FATHER'S NAME	/ Cacamac	C DOTA.							
13	TATHER'S NAMEU	14. MOTHER'S MAIDEN NAM	1							
1	Lermann Jucter	Lena 10	es schner							
15	. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT	ADDRESS							
(Ye	(If yee, give war or dates of service) SECURITY NO.	Max a. Sterne	2h 229 S. Fremont les							
	18. 585 X CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH							
	DISEASE OR CONDITION DIRECTLY		ONSE! AND DEATH							
	LEADING TO DEATH									
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO									
	mydry or complication which caused death.)									
-	ANTECEDENT CAUSES Color les sur les su									
6	DISEASES OR CONDITIONS, IF ANY, GIVING									
Ĕ	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO									
X	UNDERLYING CONDITION LAST.									
F	Cleu	to aholie	unliti							
	II									
ERT	OTHER SIGNIFICANT CONDITIONS CON-									
C	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
	194. DATE OF OPERATION 198 MAJOR SINDINGS OF OPER	ATION .	20. AUTOPSY?							
A	5.22.5/ acuto telo	limpletos	YES WO							
ō	21A. ACCIDENT, SUICIDE,   21B. PLACE OF INJURY (e. g., iz		in Baltimore City, give exact location)							
EDICAL	HOMICIDE (Specify) about home, farm, factory, street, office bldg., e	to.) INJURY OCCUR?								
Σ	21- TIME (Marth) (Day) (Vary) (Have)   21- IN HIEV OCCUPE	ED 21F, HOW DID INJURY	OCCUP?							
T	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCORT							
L	m. WHILE AT NOT WHILE									
	22. I hereby certify that I attended the deceased from 5 - 22 195/to 5 - 28 195 that I last saw the									
	deceased alive on 5 - 28, 19 5%, and that death occur	med at 3 1 Pm from the	e causes and on the date stated above.							
	23A. SIGNATURE 2	3B. ADDRESS	23c. DATE SIGNED							
	23A. SIGNATURE	well See	The 15-286-1							
-		BY OR CREMATORY 340 LO	CATION (City, town, or county) (State)							
	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24B. LO	CATION (Only, town, or country) (state)							
Burial May 31.1951 Meadowridge Jessups Mol.										
DATE RECEIVED BY REGISTRAR'S SIGNATURE   25. FUNERAL DIRECTOR ADDRESS										
LOCAL REGISTRAR Linety eter Milianis, Hall Mile My Alets On Jan 1 1 1 Edwardson										
1.41		No the Bound At Jon	Manual II Ch Maria							
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			12/a							

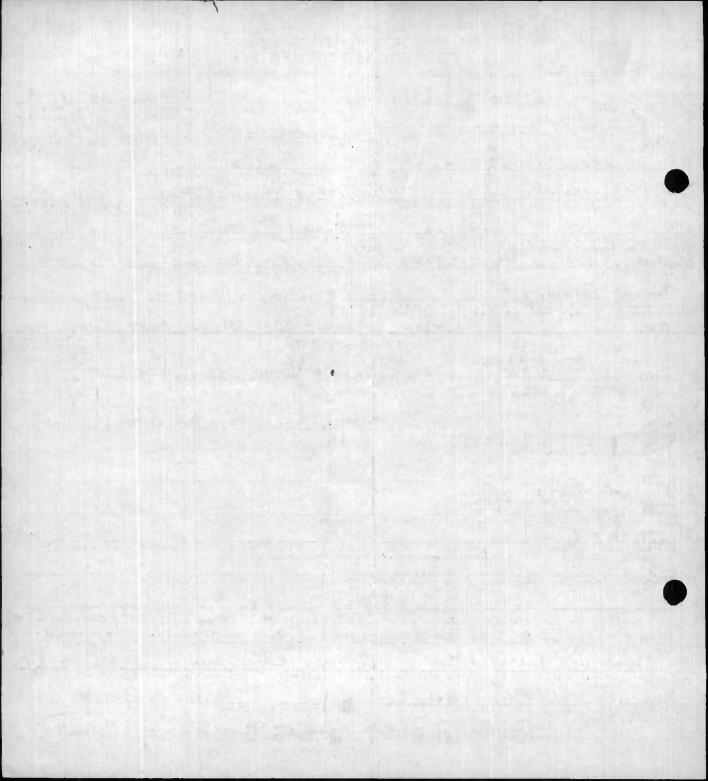


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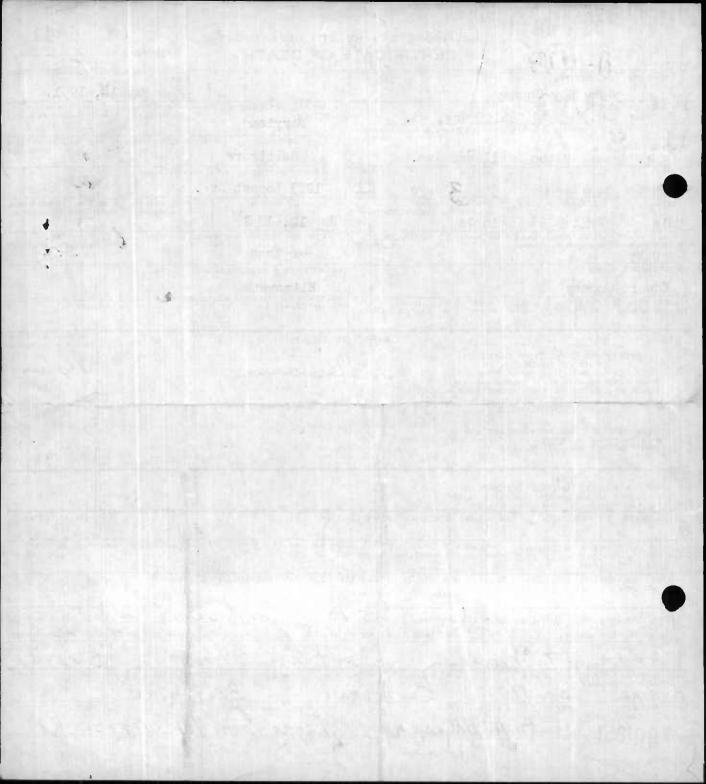
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al Home. 7401.



. <	-00	51 4844	BAL	TIMORE CITY HE	EALTH DEPARTMENT	51	4844
BII	RTH NO.	61-10775		CERTIFICATI	E OF DEATH	Registered No	
	NAME OF Dope or Print)	eceased Baby Boy Coon	ev			OF May 1	1951
A.	PLACE OF D	EATH: City, Maryland	Baltimor	e Md . on, give street address or	4. USUAL RESIDENCE (		
HC	SPITAL OR STITUTION			location)		f outside corporate limits,	write RURAL and giv
		tay in Baltimore	1	Yrs. Mos.	D. STREET ADDRESS (III	rural, give location)	
_	sex ale	6.COLOR OR RACE		MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH May 12, 1951	9. AGE (In years) # Un	der I Year hs: Days Hours: Min.
10/	USUAL OC	CUPATION (Givekind of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	foreign country)	2. CITIZEN OF WHAT COUNTRY
13.	Baby FATHER'S N				14. MOTHER'S MAIDEN N	IAME	0.0.4.
15. (Yes,	Edward WAS DECEASI	ED EVER IN U. S. ARME! (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	Elizabeth 17. INFORMANT	ADD	PRESS
ERTIFICATION	heart failu injury or  DISEASE: RISE TO T UNDERLY	LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean complication which of the complication which of the complication which of the complication which of the complication which complication is to the death. But	of dying, e. g ns the disease aused death.  SES F ANY, GIVING STATING TH ST.  TIONS CON	(B)	loclosis		364
Ü.	TO THE D	SEASE OR CONDITION	CAUSING IT		ATION		20. AUTOPSY?
EDICA	LYING OF	ENT WAS UNDER-		CE OF INJURY (e. g., ir irm, factory, street, office bldg., e		If in Baltimore City, giv	e exact location)
W	22. I hereb	Month) (Day) (Year)  y certify that I att  ive on \$\sum14\$	m. w	HILE AT NOT WHILE AT WORK deceased from 5- and that death occur	12 7/0, 1957, to	5 - 14 , 193 /, the causes and on the	that I last saw th date stated above
DA	N. BURIAL, ON REMOVAL (SO CRIAL TE RECEIVE CAL REGIST	pecify) 5/29/	51	4C. NAME OF CEMETER  CATHEDRA	V	LTIMORE A 401 SUFFOR	9
¥17	VS 150		P AND	Six hipmen	4 8 3 0		1612

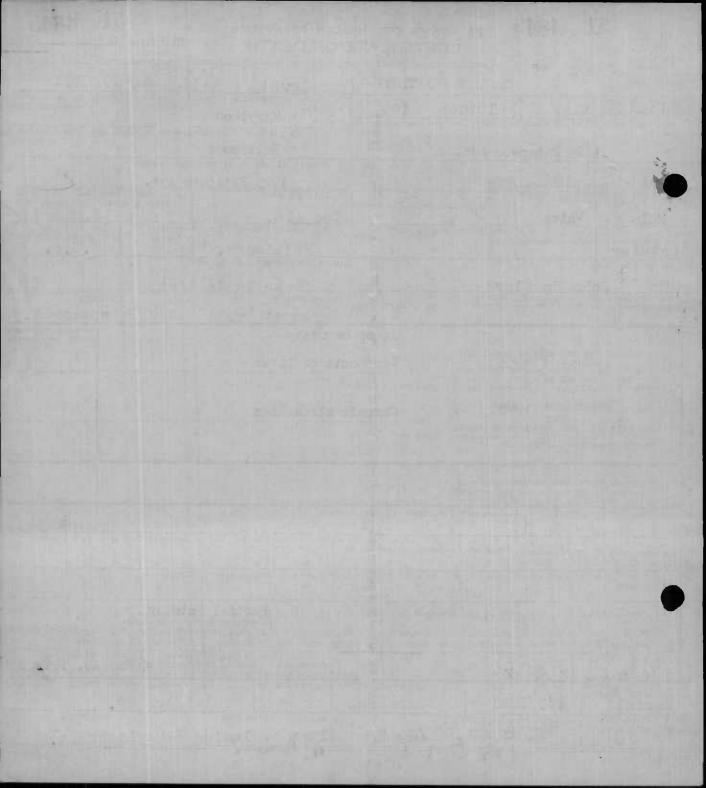
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### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED OF May 29, 1951 CHARLES HEARTLOVE Hartlove 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3 PLACE OF DEATH: B COUNTY before admission) Baltimore City A STATE A. Baltimore City, Maryland Maryland (If not in hospital or institution, give street address or B FILL NAME OF location (If outside corporate limits, write RURAL and give HOSPITAL OR C CITY OR TOWN INSTITUTION Beltimore 1223 Patapsco Ave. D. STREET ADDRESS (If rural, give location) Mos. igth of stay in Baltimore Life 1223 Patapsco Ave. I)avs 9. AGE (in years If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. 7. SINGLE, MARRIED 6 COLOR OR RACE WIDOWED, DIVORCED (Specify) Mala White 12. CITIZEN OF 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of) INDUSTRY WHAT COUNTRY? work done during most of working life, even if retired) U.S.A. Huckster Baltimore. Md 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Hartlove Isabelle Collins 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. I223 Patansco Margaret Russo INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Cirrhosis of liver heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES Chronic alcoholism RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Ħ OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Id 20. AUTOPSY U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES E DICAL (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., io or 2 Ic. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. 2 IF. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deccased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 238. CHIEF MEDICAL EXAMINER .... | 23c. DATE SIGNED 23A. STGNATURE ASSISTANT MEDICAL EXAMINER .... May 29, 1951 MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY or CREMATORY | 24D. LOCATION (City, town, or county) 24B. DATE Cathedral 6/I/I95I Baltimore Md. Burial DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR with war / You aske, Mill Flynn & Fleming I426 Light

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DATE RECEIVED BY LOCAL REGISTRAR

24B, DATE

24c. NAME OF CEMETERY OR CREMATORY

Jinau

240. LOCATION (City, town, or county)

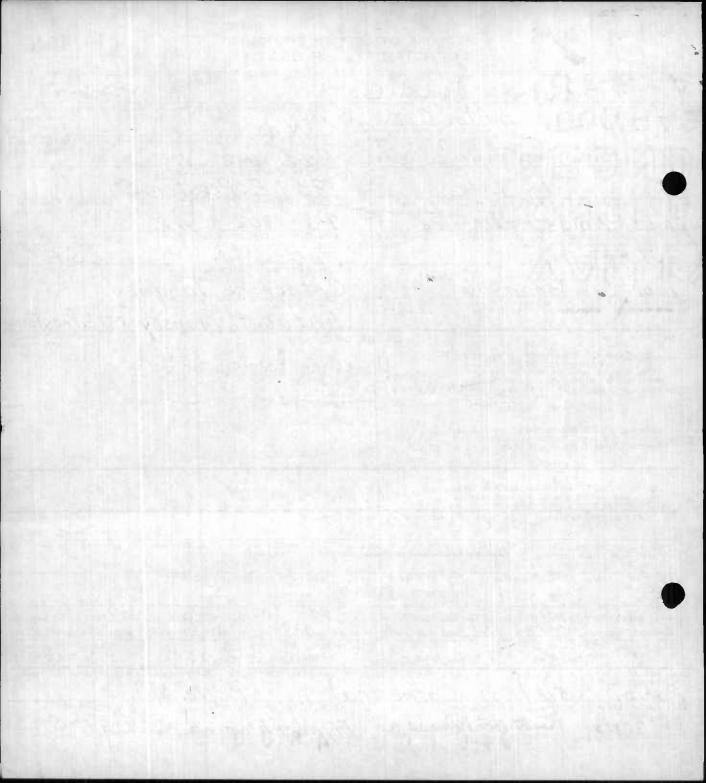
FUNERAL DIRECTOR

ADDRESS

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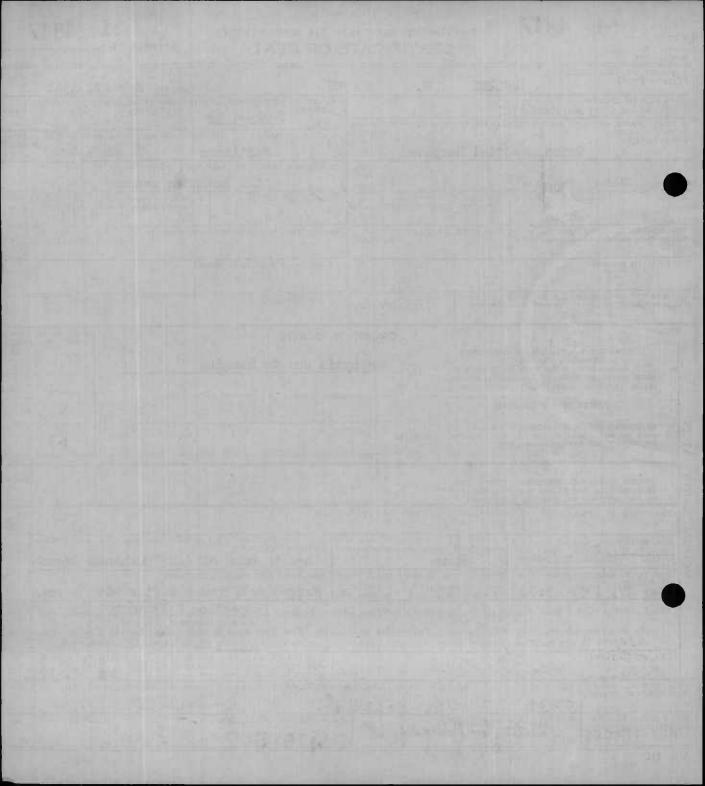
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24A. BURIAL, CREMA-TION REMOVAL (Specify)



### BALTIMORE CITY TH DEPARTMENT CERTIFICATE OF DEATH

Registered No. BIRTH NO 1. NAME OF DECEASED 2 DATE OF MADDEN WALTER R. May 27. 1951 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B COLINITY before admission) Maryland B. FULL NAME OF "I not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Union Memorial Hospital o. STREET ADDRESS (If rural, give location) Yra Mos. 1.422 Buchanan Avenue ength of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | | Under 24 Hours | Months; Days | Hours; Min. WIDOWED DIVORCED (Specify) Male White 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or naknown) (If yes, give wer or dates of service) SECURITY NO INTERVAL BETWEEN E9744 | DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH ONSET AND OFATH LEADING TO DEATH Asphyxia due to hanging (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) QUE TO ANTECEDENT CAUSES (B) .... ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUF TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Ü 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY7 EDICAL YES 218, PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH. 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Home Shed in back of 4422 Buchanan Avenue 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY WHILE AT P. m. Hanged self from a rafter with a rope WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ , accident [ ], suicide [ ], homicide [ ], undetermined [ ]. 23B. CHIEF MEDICAL EXAMINER..... 23A, SIGNATURE 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER ... M.D. MEDICAL INVESTIGATOR .. 24A. BURIAL, CREMA-248. DATE 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) mapolis 0 DATE RECEIVED BY REGISTRAR'S SIGNATU 25. FUNERAL DIRECTOR ADDRESS



24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

LOCAL, REGISTRAR

24B, DATE

REGISTRARIS STANATURE

rite "

Holicania, Alak

24C. NAME OF CEMETERY OR CREMATORY

AD. LOCATION (City, town, or county)

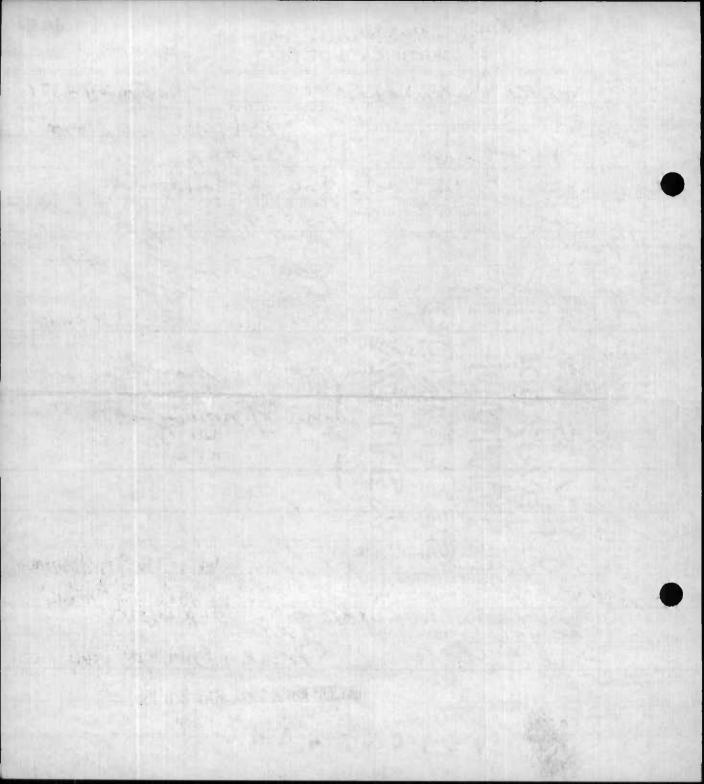
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25. FUNERAL DIRECTOR FASILITY ADDRESS

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE OF May 21, 1951 (Type or Print) Thomas ROLPH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B COUNTY before admission) Maryland f not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Mercy Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stav in Baltimore 48 Market Place Days 6 COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH AGE (In years | ff Under 1 Year | ff Under 24 Hours last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) Male White 10A. USUAL OCCUPATION (Givekindef) 10H KIND OF BUSINESS OR 11. BIRMHPLACE (State or forcign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. (Yes, no or unknown) (If yes, give war or dates of service) NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A) Arteriosclerotic Cardiovascular Disease heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Ш U 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSYT NO X 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB-UTING [ CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Ing. thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 🕱, accident 🗌, suicide 🗋, homicide 📋, undetermined 🗀. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER .... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER...

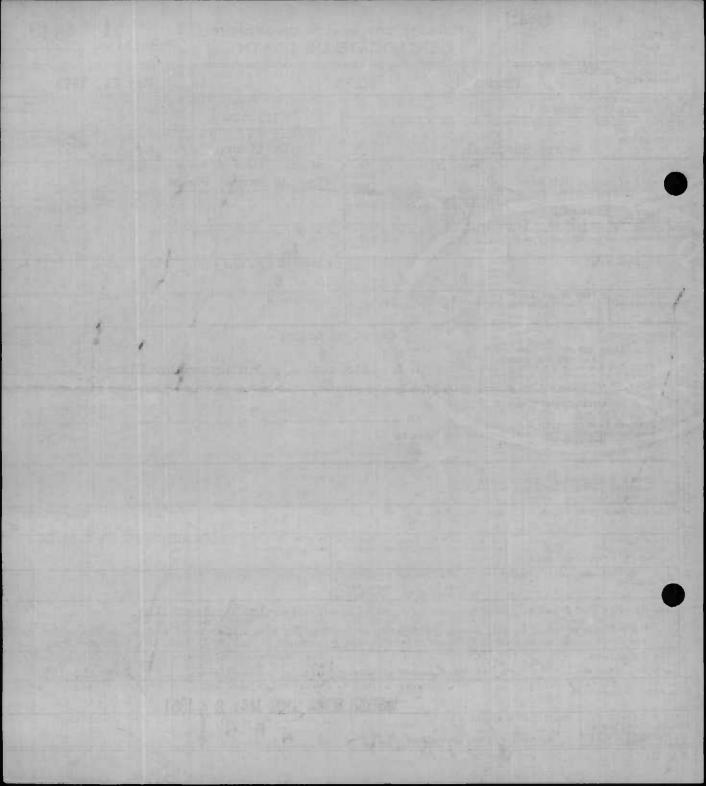
MEDICAL INVESTIGATOR 24B. DATE OR CREMATORY | 24D. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR

151

ADDRESS



OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., in or

(If in Baltimore City, give exact location)

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

O. TIME (Month) (Day) (Year) (Hour)

NOT WHILE

WORK 5/21 22. I hereby certify that I attended the deceased from\_

deceased alife in 5/22 1951, and that death occurred at 5:15 Pm., from the causes and on the date stated above. 23A. SIGNATURA

23B. ADDRESS Unwers 1 Ju

1951, to 5 /22 , 1951, that I last saw the 23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

24c. NAME OF CEMETERY

21c. WHERE DID

INJURY OCCUR?

20. AUTOPSY?

25. FUNERAL DIRECTOR

ADDRESS

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

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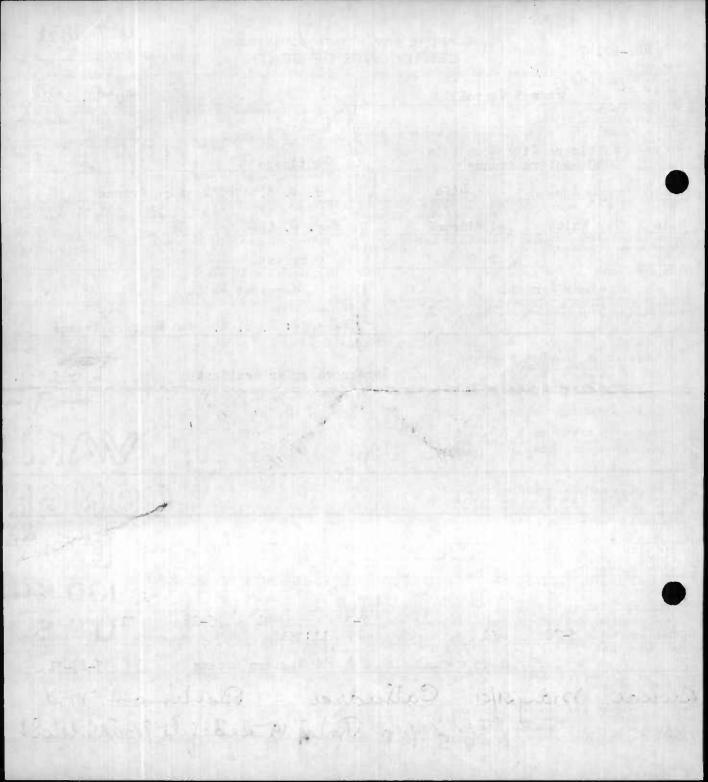
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910	REA_	67147		CERTIFICATI		EATH	Registe	ered No_	
===	RTH NO.	TOTACED.							
(T	NAME OF D	_	Carrel	.1			2. DATE OF DEATH	May 2	28, 1951
Α.		City, Maryland			4. USUAL F A. STATE Maryla		Where deceased li B. COUN		titution : residence bcfore admission)
	STITUTION	Saltimore Cit 4940 Eastern	y Hospi	ion, give street address or location)	c. CITY OR	TOWN (If	outside corporat	te limits, w	rite RURAL and give
S C.		tay in Baltimore		Yrs. Mos. Days	D. STREET	ADDRESS (If	rural, give locati		
	SEX Male	6.COLOR OR RACE	WIDOW	ED, DIVORCED (Specify)	8. DATE OF	BIRTH	9. AGE (in ye	ears If Unde	
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY		ACE (State or fo		12.	CITIZEN OF WHAT COUNTRY
13	. FATHER'S	James Carro	11	MINESTE	14. MOTHER	'S MAIDEN N		1	
15	. WAS DECEASE	ED EVER IN U. S. ARMED		I 16. SOCIAL			MITOIL		
(Ye	s, no or unknown)	(If yes, give wer or date	of service)	SECURITY NO.	Records		. 4940 Ea	addr stern	
ERTIFICATION	Olsease	GE OR CONDITION LEADING TO DEAT i not mean the mode o ire, asthenia, etc. It mea complication which o ANTECEDENT CAUS GOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA	FH dying, e.g. ns the diseas aused death EES  FANY, GIVING STATING TH	(A) Cerel	of DEATH	ar Aceid	ent		4 or 5 Hrs.
CERTI	TRIBUTING	II  IGNIFICANT CONDI  TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D					
	19A. DATE C	OF OPERATION 0 1	9в. MAJOR	FINDINGS OF OPER	ATION			1:3	YES NXXX
1EDICAL	21A. ACCID LYING OF CAUSE OF	PENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in arm, factory, street, office bldg., e			If in Baltimore	City, give	exact location)
2	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT AT WORK AT WORK								
		y certify that I att live on 5–28		A_m., from t	he causes and	d on the a	3c. DATE SIGNED		
TI	A. BURIAL, ON REMOVAL (S) ATE RECEIVE DCAL REGIST MAY 3.01 VS 150	D BY REGISTRAR	31/51	Called Minus Me	Vral	Stern Ave. TORY 240. L. L. DIRECTOR	ocation (Gity	out,	5-28-51 county) (State) Defense BudaleSh

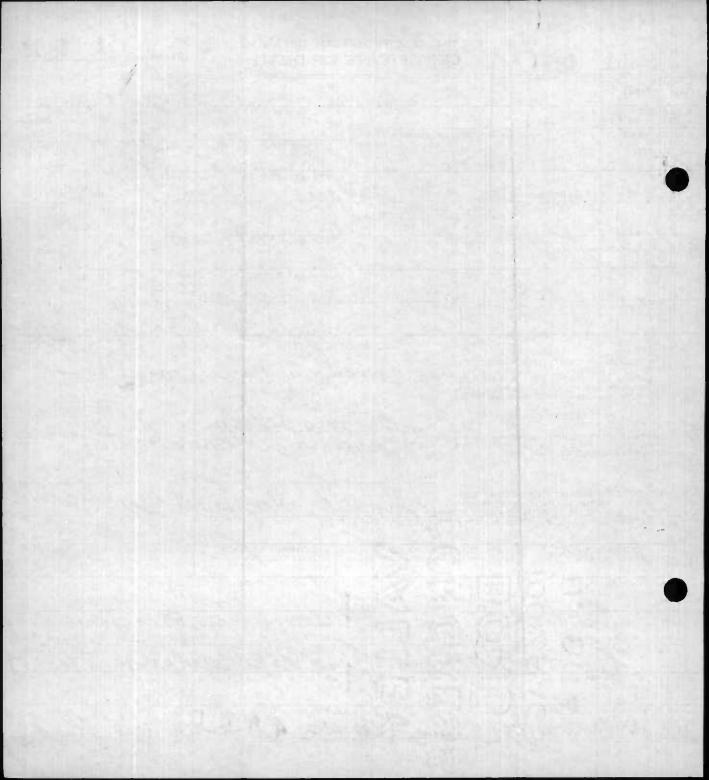


See Document File 51-4852 6/13/51

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4853

INAME OF DECEASED (Type or Print)  S. PLACE OF DEATH  Baltimore City, Maryland  B. FULL NAME OF 16 not in hospital or institution, give street address or location  B. FULL NAME OF 16 not in hospital or institution, give street address or location  B. FULL NAME OF 16 not in hospital or institution, give street address or location  B. FULL NAME OF 16 not in hospital or institution, give street address or location  B. FULL NAME OF 16 not in hospital or institution, give street address or location  B. FULL NAME OF 16 not in hospital or institution, give street address or location  B. FULL NAME OF 16 not in hospital or institution, give street address or location  B. FULL NAME OF 16 not in hospital or institution, give street address or location  B. FULL NAME OF 16 not in hospital or institution, give street address or location  B. FULL NAME OF 16 not in hospital or institution, give street address or location  B. FULL NAME OF 16 not in hospital or institution, give street address or location  B. FULL NAME OF 16 not in hospital or institution, give street address or location  B. FULL NAME OF 16 not in hospital or institution, give street address or location  B. FULL NAME OF 16 not in hospital or institution, give street address or location or name of the location	BI	RTH NO.	51	4853		CERTIFICAT	E OF DEATH	Registered No.	4000	
4. SUBJAL RESIDENCE (Where deceased lived "I institution: residence on Country before admission to Receive a Country before admission to Receive a Country before admission of Receive and Country before admission of Receive and Country before admission of Receive and Country before admission of Country and Country before admission of Country and Country					la a	M The 21	- 21	OF	2053	
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) short home, farm, factory, street, office bidg., etc.)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CAUSING IT.  21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (a.g., in or Injury OCCUR? INJURY OCCUR?  21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY OCCURRED INJURY OCCUR?  21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY OCCURRED INJURY OCCUR?  21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY OCCURRED INJURY OCCUR?  21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY OCCUR?  21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY OCCUR?  21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY OCCUR?  21B. PLACE OF INJURY OCCUR?  21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?  22 I hereby certify that I attended the deceased from NOT WHILE AT WORK  22 I hereby certify that I attended the deceased from NOT WHILE AT WORK  23B. ADDRESS  M. D. LABOURE (Specify) 23C. DAYE SIGNED (SIGNED AVE) (Signed		injury	or comp	lication which	caused death	n.) DUE TO				
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deceased alive on 5/27, 1957, and that death occurred at 4 qc.m., from the causes and on the date stated above.  23a. SIGNATURE  23b. ADDRESS  M. D. 20 1 COUNTY 23c. DATE SIGNED  24a. BURIAL, CREMA- 24B. DATE  TION, REMOVAL (Specify)  Burial May 31/51 Parkwood  DATE RECEIVED BY LEGISTRAR'S SIGNATURE  ADDRESS  ADDRESS	1	MIT .q	E (Month	(Day) (Year)	(Hour)	2 IE. INJURY OCCURRI	ED 21F, HOW DID INJUR	RY OCCUR?	act location)	
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BALTIMORE CITY HEALTH DEPARTMENT 51 4854 Registered No. CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) anch OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF (If outside corp reprints, HOSPITAL OR location) C. CITY OR TOWN write RURAL and give INSTITUTION township) Yrs. (If rural, give location) ADDRESS Moa ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 5. SEX OF 9. AGE (In years Il Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 01 orec 5 IOA, USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? mes 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. 260 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION YES NO (If in Baltimore City, give exact location) 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING [ CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23c. DATE SIGNED 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER .... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TRIN, REMOVAL (Specify) 24c NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 248. DATE una DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 151

CENTRE CONTECT OF DEATHS

25	1 100		BAI		EALTH DEPARTMENT,	5.	1 4855
B	IRTH NO.	)		CERTIFICATI	E OF DEATH	Registered N	Vo.
(T	NAME OF D	Et	tie	Katz			30.1951
	Baltimore (	City, Maryland			4. USUAL RESIDENCE (	Where deceased lived, In B. COUNTY	nstitution : residence before admission)
	FULL NAME	OF (If not in hosp)	ital or institut	ion, give street address or location)		V - 6	3.5
IN	ISTITUTION	Sinai	Haen	rtal		outside corporate limit	s, write RURAL and give township)
7		- (-0(	14036	Yrs.	D. STREET ADDRESS (If	rural, give location)	
C.		tay in Baltimore		Mos. Days	1422 N.	Main ST.	
5.	Ž.	6. COLOR OR RACE		E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	Under 1 Year nths Days Hours Min.
10 worl	A. USUAL OC	CUPATION (Give kind of working life, eyen if retired	10B. KINE	OF BUSINESS OR	M. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
	Hou	esewile		M D G G T K T	Honesdal	e, P.	WHAT COUNTRY?
13	FATHER'S	NAME )			14. MOTHER'S MAIDEN N		
15	. WAS DECEAS	DO d Fue	rth	16. SOCIAL	nachae	r Fran	Kel
(Ye	, no or nnknown)	(If yes, give war or dat	es of service)	SECURITY NO.	17. INFORMANT	A	DDRESS
TION	(This does heart failu injury or DISEASES RISE TO T	SE OR CONDITION LEADING TO DEA not mean the mode ire, asthenia, etc. It me complication which ANTECEDENT CAU SOR CONDITIONS, HE ABOVE CAUSE (A)	of dying, e. g ans the diseas caused death SES	(B)	0 0	us Cholecepte	INTERVAL BETWEEN ONSET AND DEATH
FICATION	UNDERLY	ING CONDITION L	AST.	(C)	Cholelelline	2	
CERTII	TRIBUTING	IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	o			
AL	19A. DATE C	OF OPERATION	198. MAJOR	FINDINGS OF OPER	ATION .		YES NO
MEDICA		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in arm, factory, street, office bldg., e		If in Baltimore City, g	rive exact location)
-	21D. TIME INJURY	(Month) (Day) (Year		21E. INJURY OCCURRENT NOT WHILE	ED 21F. HOW DID INJUR	Y OCCUR?	
	22. I hereb	y certify that I at			5/, 1951/to	5/30 ,195	, that I last saw the
	deceased al			and that death occur	4.2"		e date stated above.
	23A. SIGNAT	lience	Bo		38. ADDRESS SINA	H056	23c. DATE SIGNED
TIC	N. REMOVAD (S	Pecify) 248. DATE (pecify) -5/30/5	4	24c. NAME OF CEMETE	10	ocation (City town,	0
	TE RECEIVED		S SIGNATURE	RE ALLE	25. FUNERAL DIRECTOR	kines of Sen	ADDRESS
	VS 150	1841	man lyn. T	STORY C	8	Ba	eto, 17, ma

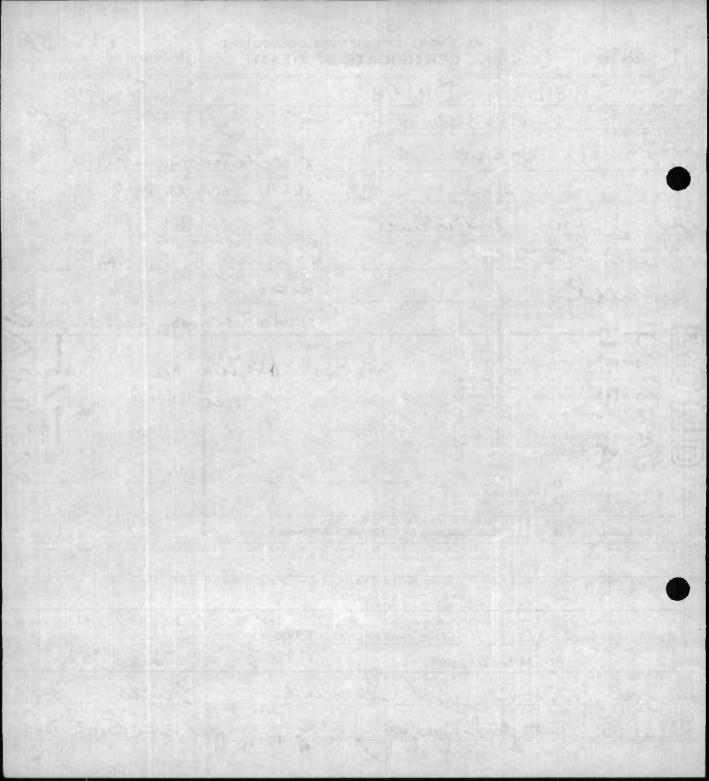
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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4856 Registered No.

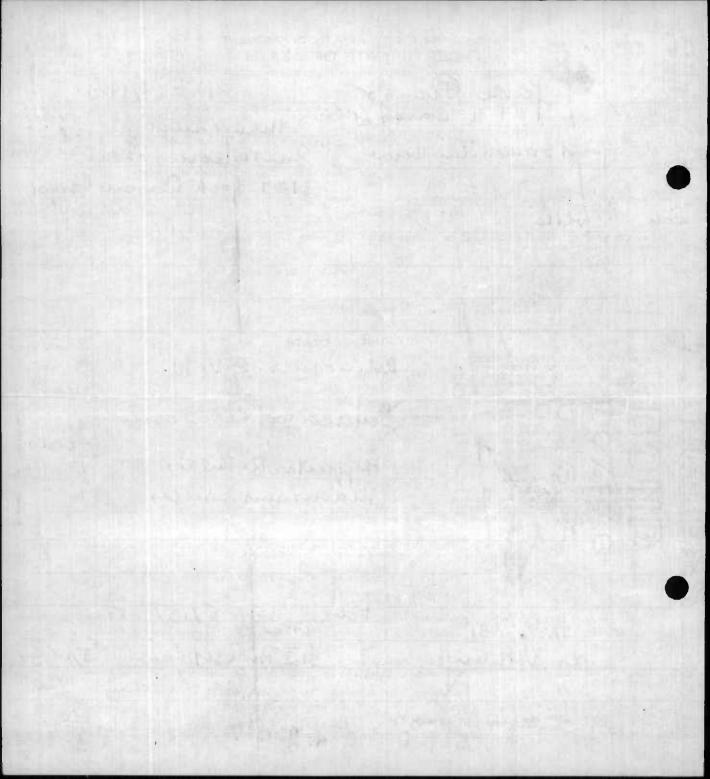
BI	RTH NO.								
1. (T	NAME OF DE	THEL	NA	ERICH		2. DATE 5/	30/51		
3. A.	PLACE OF DE Baltimore C	ATH: ity, Maryland 3	106 M	Meonia Pal	4. USUAL RESIDENCE (	Where deceased lived, I	f institution : residence befor admission)		
B. HC	FULL NAME (	OF (If not in hospit	al or institut	ion, give street address or	11100	f outside corporate in	7-10		
IN	STITUTION	The Me	nu		1004	mone	township)		
			9	Yrs.	D. STREET ADDRESS (II	f rural, give location)	•		
		ay in Baltimore	dmod	Mos. Days		wille are			
1	m.	6. COLOR OR RACE	na	E. MARRIED. (ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday)	H Under 1 Year H Under 24 Hours Tonths Days Hours Min.		
work		CUPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or 1	oreign country)	12. CITIZEN OF		
13	FATHER'S N				14. MOTHER'S MAIDEN N	I A D A IP	W.P.		
1	Sra	cel			Rice	IAME			
15 (Yes	, no or unknown)	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT FL	dman 24	07 Linden au		
	18. /-	70 X .	TIME.	CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEAS	E OR CONDITION		AAA.	toxtokin 14	· · · · · ·	alanud		
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								
injury or complication which caused death.) DUE TO									
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01	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
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E		11		(C)					
ER		IGNIFICANT COND							
U	TO THE DI	SEASE OR CONDITION	CAUSING I		ATION		20. AUTOPSY?		
AL	James	ary 49			t breast		YES NO E		
EDICA	21A. ACCIDE HOMICIDE	NT. YUICIDE. (Specify)	21B. PLA about home,	ACE OF INJURY (e. g., in larm, factory, street, office bldg., e		(If in Baltimore City,	give exact location)		
2	D. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?			
h	INSORT		m.	WHILE AT NOT WHILE					
	22. I hereby	certify that I att	ended the	deceased from	5/5/, 1951, to	5/27 , 19_	5, that I last saw the		
		ive on 5/21/	., 19 51.		red at 4:40p m., from	the causes and on			
	23A, SIGNAT	DI	eine	wou M. D.	3B. ADDRESS 2 Bro	des Rou	23c DATE SIGNED		
2/ T/	N. BURIAL, C	REMA- 24B. DATE pecify)		24c NAME OF CEMPTE	RY OR CREMATORY 24D. I	LOCATION (City, tow	n, or county) (State)		
D	TE RECEIVED	BY   REGISTRAR		ike	26. FUNERAL DIRECTOR	0	ADDRESS		
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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4857

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR If outside corporate limits, write RUMAL and give INSTITUTION township) (If rural, give location) D. STREET Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years II Under 24 Hours last birthday) | Months; Days | Hours: Min. WIDOWED, DIVORCED (Specify) Mole 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFICA OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION A 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT EDIC 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? HOMICIDE (Specify) D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from Feb. 19 5 to 13 / , 19 1 that I last saw the deceased alive on 5/13/2, 1951, and that death occurred at 4:450.m., from the causes and on the date stated above. 23A. SIGNATURE 23c, DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 4C. NAME OF CEMETERY OR CREMATORY 6 malnes DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150

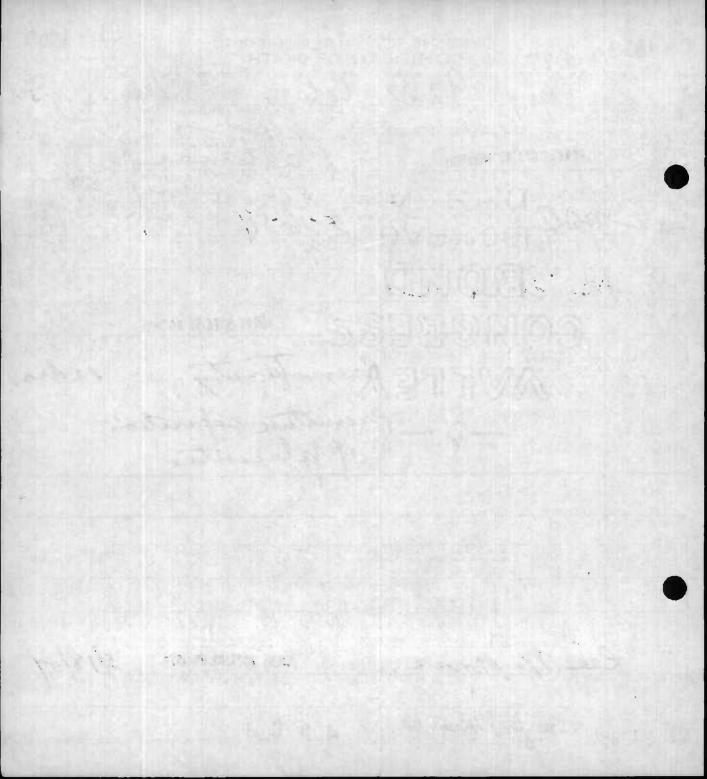


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Infant OF Deane May 21,1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY hefore admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits write RURAL and give INSTITUTION township) The Johns Hopkins Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore 717 North Carrolton Avenue Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours: Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Male Single Negro 5-21-51 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Infant Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Archibald Deane (567440) Beatrice Young 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. No Hospital Records INTERVAL BETWEEN CAUSE OF DEATH ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? DICAL VES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK AT WORK 5-21 22. I hereby certify that I attended the deceased from. 1951/to . 19 51 that I last saw the 19 51, and that death occurred at 9:35P.m., from the causes and on the date stated above. 5-21deceased alive on\_\_ 23A. SIGNATURE 23c. DATE SIGNED coma l The Johns Hopkins Hospital 24A, BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24C NAME OF CEMETERY OF CREMATORY 240. LOCATION (City, town, or county) (State) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

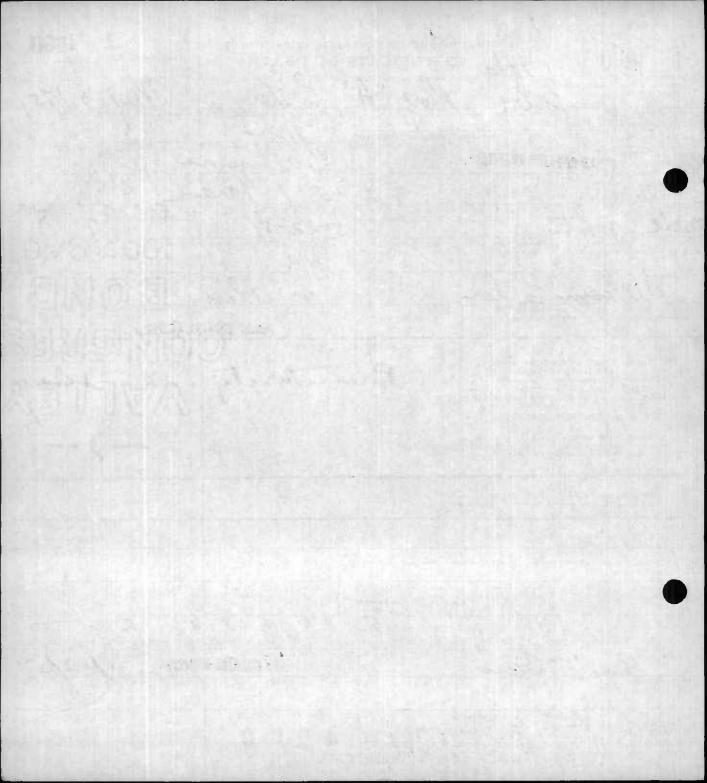
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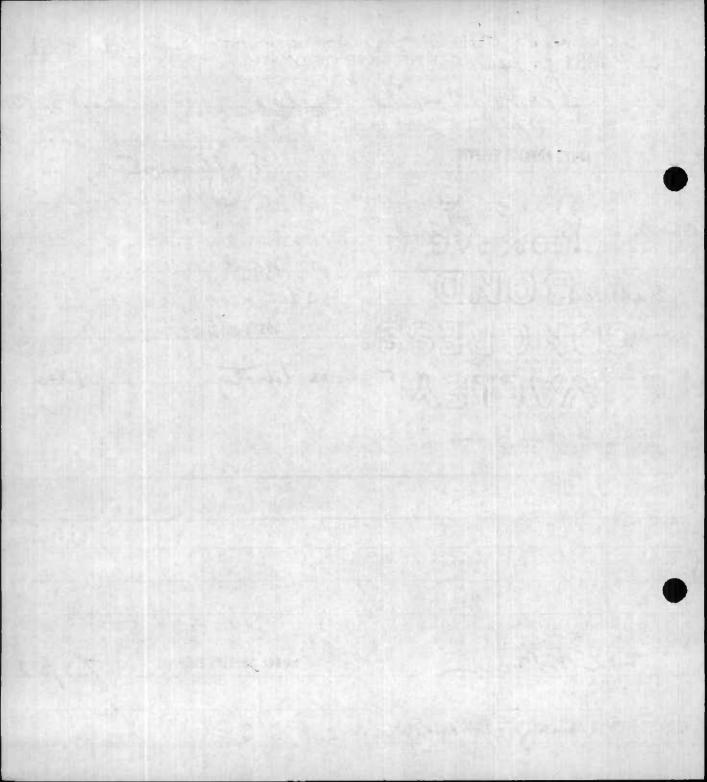
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1	4858	61-11274			EALTH DEPARTMENT E OF DEATH	Registered	01 4859 No
1.	NAME OF DE	ECEASED BOLL	u	9:1	Cole -	2. DATE OF MALE	111,19-1
	PLACE OF DE Baltimore C	ity, Maryland	/ /		4. USUAL RESIDENCE	(Where deceased lived 1) B. COUNTY	f institution : residence before admission)
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E		HELS ROPI	TING TORM	Yrs.	D. STREET ADDRESS (I	If yural, give location)	to to thiship)
		ay in Baffimore		Mos. Days	15/6	Henry	et
R	male	While	WIDOW	E. MARRIED. ED, DIVORCED (Specify)	5-16-51	9. AGE (In years last birthday) Mo	if Under I Year onths Days Hours Min.
worl	A. USUAL, OCC doneduring most of	CUPATION (Give kind of f working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country) .	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N	id Co	le		14. MOTHER'S MAIDEN	NAME	
15 (Yes	. WAS DECEASE	D EVER IN U.S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	OPEIES EOSPITEI	DDRESS
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CERTI	TRIBUTING	GNIFICANT CONDITO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D			
	19a. DATE OF	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
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4	TIME (I	Month) (Day) (Year)	` '	VHILE AT WORK AT WORK		RY OCCUR?	
	22. I hereby deceased ali	certify that I att		deceased from 5	76 , 1957, to_		I, that I last saw the he date stated above.
	23A, SIGNAT	Cee W	13	M.D.	35 ADDRECE	IBS HOSPITAL	DATE SIGNED
TIC	IA. BURIAL, CI ON, REMOVAL (Sp	REMA- Decify) 24B. DATE	2	240 NAME OF GEMETE	RY OR CREMATORY 24D.	LOCATION (City, town	, or county) (State)
DA LC	TE RECEIVED	BY REGISTRAR	S SIGNATU	RE AMPLIA	25. FUNERAL DIRECTOR		ADDRESS
	VS 150		, ,,4 %	Market 1 9			1600



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51 BIRT	н мо 8	60 51-11	446		E OF DEATH	Registered N	7000	
	or Print)	Ba Ba	by	Boy "A	" Eiler	2. DATE OF DEATH MALE	123,1951	
	ACE OF Caltimore	City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, If it B. COUNTY	nstitution: r/sidence before admission)	
HOSF	LL NAME PITAL OR ITUTION	OF (If not in hos	pital or institu	tion, give street address or location)		(If outside corporate limit)	, write RURAB and give	
INST	TOTION	19418 HOPKIES	HOSPITAL.		Balling	noe Il	township)	
c. Le		stay in Baltimore		Yrs. Mos. Days	15/8 H	If rural, give location)	t	
ma	le	White	WIDOV	VED, DIVORCED (Specify)	5-22-54	last birthday) Mor	Under I Year If Under 24 Hours this Days Hours Min.	
work don	JSUAL OC leduring most	CUPATION (Give kin of working life, even if retir	lof 10B. KINI	O OF BUSINESS OR INDUSTRY	11. ELEPHPLACE (State or	r foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	WIL.	leam Co	iler		14. MOTHER'S MAIDEN	NAME		
15. W (Yes, no	AS DECEAS or unknown)	ED EVER IN U.S. ARI (If yes, give war or d	MED FORCES? ates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	IOPKINS KOSPITAL	DRESS	
18	DISEAS (This does heart failt	SE OR CONDITION LEADING TO DE a not mean the mod- ire, asthenia, etc. It n	ATH e of dying, e. : icans the diseas	e., (A)	of DEATH	4	INTERVAL BETWEEN ONSET AND DEATH	
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ERTI	TRIBUTING	II IGNIFICANT CON TO THE DEATH, BU ISEASE OR CONDITI	T NOT RELATI	ED				
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2:	2. I hercb	y certify that I o		deceased from	22, 195/, to	5/23 195/	that I last saw the	
de	eceased a	live on 5		and that death occur		the causes and on th	e date stated above.	
23	BA. SIGNA	es mil	Teso	м. р.	23B. ADDRESS	INS MOSPITAL	23C DATE SIGNED	
24A. TION,	BURIAL. (S	CREMA. 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town,	(State)	
	RECEIVE L REGIST		R'S SIGNATU	and Ash	25. FUNERAL DIRECTOR	3	ADDRESS	
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-	100	seld "			EALTH DEPARTMENT	Registered	51 4861
B	RTH NO.	4801 51-1	1447	CERTIFICAT	E OF DEATH		110.
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	PLACE OF D	EATH: City, Maryland	PH	Phen	4. USUAL RESIDENCE		i institution: residence before admission)
В.	FULL NAME		tal or institution	on, give street address of location			1-05
	ISTITUTION	JOHES BOPE	us kospita	L	c, CITY OR TOWN	If outside corporate life	its, te RURAL and give township)
				Yrs.	D. STREET ADDRESS (	(riral, give location)	1
		tay in Baltimore		Mos. Days		Lucil	AI.
2	Male	6. COLOR OR RACE		MARRIED, D, DLYORCED (Specify	8. DATE OF BIRTH		ff Under I Year   If Under 24 Hours   Conths Days   Hours   Min.
		CUPATION (Give kind of working life, even if retired		OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S N	IAMF			14. MOTHER'S MAIDEN I	NAME	
	Wil	liam &	ilen		Shirle	eg	
15 (Ye	s, no or unknown)	D EVER IN U.S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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	//	E OR CONDITION	DIRECTIV	CAUSE	OF DEATH		ONSET AND DEATH
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	heart failu	re, asthenia, etc. It me complication which	ans the disease,			J	***************************************
		ANTECEDENT CAU	SES			DE CENTS	
Z	DISEASES	OR CONDITIONS.	IF ANY, GIVING	(B)			***************************************
CATION	RISE TO T	HE ABOVE CAUSE (A)	STATING THE	DUE TO			
FIC				(C)			
RTI	OTHER S	II IGNIFICANT COND	ITIONS CON.				
CER	TRIBUTING	TO THE OEATH, BUT	NOT RELATED				
	19A. DATE C	F OPERATION O	19B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
DICA	21A ACCID	ENT WAS UNDER-	218 PLAC	CE OF INJURY (e. g.,	in or   21c. WHERE DID	(If in Baltimore City,	YES NO Sive exact location)
MED		CONTRIBUTING		rm, factory, street, office bldg		(a Danninge Only)	give chact idealion)
	. TIME	Month) (Day) (Year		TE. INJURY OCCURI		RY OCCUR?	
			m.	WORK AT WORK		~ > >	
					rred at 0: 20 m., from		
	23A. SIGNAT	TURE M		na pras acasto coc	238 ADDRESS	INS KOSPITAL	23C. DATE SIGNED
	4A. BURIAL, C		2	M. D.   4C. NAME OF CEMET	ERY OR CREMATORY 24D.		n, or county) / (State)
TIC	ON, REMOVAL (S	pecity)		Hoy D	exposed		
D,	ATE RECEIVE	BY REGISTRAR	SIGNATUR	E MARINE	25. FUNERAL DIRECTOR		ADDRESS
_		· (**)/\$*/**	7 3	***************************************	1 4 8 5 3		
	VS 150		<b>加坡公司</b>	- Tankanian	, s		159



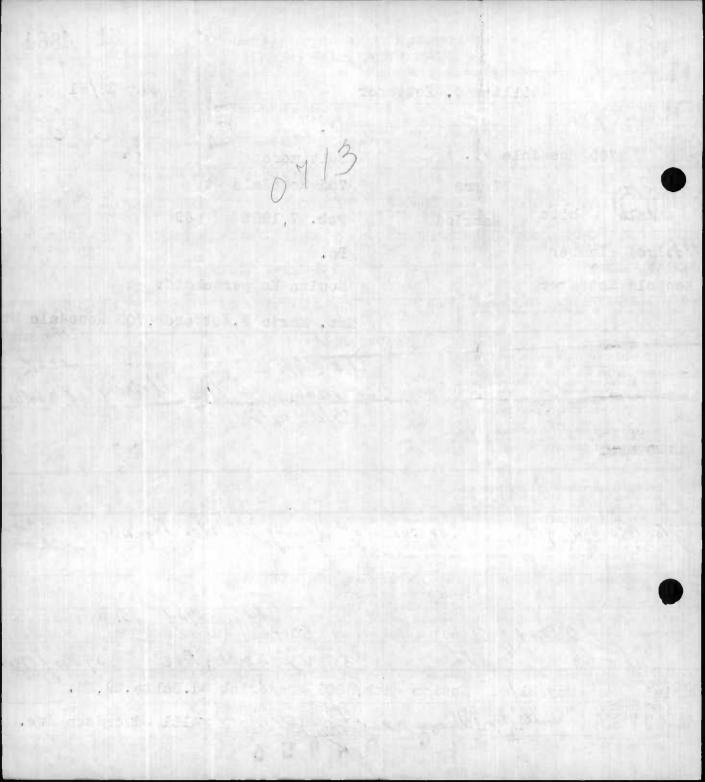
5. BI	450 1 486	<sup>12</sup> 51-1149		EALTH DEPARTMENT E OF DEATH	Registered N	1 4862
	NAME OF D	ECEASED			2. DATE	
(T	ype or Print)	Tn	fant ("A") Ke	llum	OF	22,1951
	PLACE OF D Baltimore (	City, Maryland		4. USUAL RESIDENCE (V		
	FULL NAME	OF (If not in hospital	al or institution, give street address or location			16
	ISTITUTION			c. CITY OR TOWN (If	f outside eorporate limite	write DUICL and give township)
5	3 1	The Johns Hopl		Baltimore	9	7 0 7 0 0 0 0 0 0 0
			Yrs. Mos.	D. STREET ADDRESS (If		
C.		tay in Baltimore	Days	2901 Matth		
5.	Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify. Single	8. DATE OF BIRTH 5-21-51		Under 1 Year If Under 24 Hours nths Days Hours Min.
		CUPATION (Give kind of	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	oreign country)	12. CITIZEN OF
work	Infa	of working life, even if retired)	INDUSTRY	Maryland		WHAT COUNTRY?
13	. FATHER'S			14. MOTHER'S MAIDEN N	AME	
	Be	rnard Kellum		Ianthye	Mitchell (	361962-)
15 (You	, BO OF UNKNOWN)	(If yes, give wer or date	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Hospital H		DDRESS
_	18. 5			OF DEATH	necorus	INTERVAL BETWEEN
CERTIFICATION	heart failu injury or DISEASES RISE TO T	on to mean the mode of the asthenia, etc. It mean complication which complication which complication complication which complication which complication complications. If the ABDVE CAUSE (A) YING CONDITION LA	ns the disease, aused death.) DUE TO  ES  FANY, GIVING STATING THE DUE TO	mature l	abor	
ERT	TRIBUTING	IGNIFICANT CONDI	NOT RELATED	uple Vigenau	* 7.000	
O		F OPERATION 1	98. MAJOR FINDINGS OF OPER	RATION	- 100 M	20, AUTOPSY?
AL		7	os. maser i momes of or el	William &		YES NO
EDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER-	21B. PLACE OF INJURY (e. g., sabout home, farm, factory, street, office bldg.,		If in Baltimore City, g	
Σ		(Month) (Day) (Year)	(Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY	Y OCCUR?	
	INJURY	(===, (===,	WHILE AT NOT WHILE		, 0000	
			m. WORK AT WORK			
	22. I hereb	y certify that Latt	ended the deceased from 5-2	21 , £1 , to 5	, 195]	, that I last saw the
	deceased at	live on	, 1921, and that death occur	rred at 0:30Pm., from t	he causes and on th	
	34. SIGNA	TURE (1)	-5 -	23B. ADDRESS		23c. DATE SIGNED
_	SOM	ie W. C	Duer, J( · M. D.	The Johns Hopkin		5-24-51
TIC	A. BURIAL, (SON, REMOVAL (S	pecify)	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
DA	ATE RECEIVE		S SIGNATURE	25. FUNERAL DIRECTOR		ADDRESS
4	NAY BEGIST	350 toutout	Fr. Williams, M			
	VS 150		T. Sand G.	A 4 5 5		
		Tree.			1	159

_	450	)	BAL	TIMORE CITY HE	EALTH DEPARTMENT	51	4863
8	ATH NO. 186	5351-1149			E OF DEATH	Registered No.	. 67
1. (T	NAME OF D 'ype or Print)	ECEASED	Infant	("B")	Kellum	2. DATE OF DEATH May 22	. 1951
Α.		City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If ins B. COUNTY	
H	FULL NAME OSPITAL OR ISTITUTION	The Johns H		on, give street address or location)	c. CITY OR TOWN (If	outside corporate limits	rite KURAL and give township
			PILLIO	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
C.	sex	tay in Baltimore	7 CINCLE	Days Days	2901 Matthews		
	Male	Negro	WIDOW	ingle	5-21-51	last birthday) Month	let I Yest If Under 24 Hours Min. 7 28
worl	done during most	CUPATION (Give kind of of working life, even if retired)	IOB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)   12	. CITIZEN OF WHAT COUNTRY
13	FATHER'S	IAME			14. MOTHER'S MAIDEN NA	ME	
15	. WAS DECEASE	rnard Kellum	FORCES?	I6. SOCIAL	Ianthye Mitch		
(Ye	NO or unknown)	(If yes, give wer or date	s of service)	SECURITY NO.			RESS
-	18.			-	OF DEATH	tal Records	INTERVAL BETWEEN
ERTIFICATION	DISEASES RISE TO T UNDERLY	not mean the mode ore, asthenia, etc. It mea complication which of ANTECEDENT CAUSES OR CONDITIONS, II HE ABOVE CAUSE (A) ING CONDITION LA	ns the disease aused death.  BES  F ANY, GIVIN STATING TH.  ST.  TIONS CON	B) DUE TO  (B) Please  G DUE TO  (C)	uature lal	085	
U	TO THE D	TO THE DEATH, BUT	CAUSING IT		RATION TOPPANO	2y-teris	20. AUTOPSY7
EDICAL	LYING OF	ENT WAS UNDER-		CE OF INJURY (e. g., i		f in Baltimore City, give	YES NO Le exact location)
Σ	CAUSE OF	Month) (Day) (Year)		ZIE. INJURY OCCURR	ED 21F, HOW DID INJURY	OCCUR?	
	22. I hereb	y certify that I att	ended the	deceased from 5	5-21 , 19 , to 5	<b>-22</b> , 19, t	hat I last saw the
	deceased al	ive on 5-22	_, 19_51	and that death occur	rred at 12:35Am., from th	ie causes and on the	date stated above.
	234 SIGNAT	TURE	Du	2 Tu 2	3B. ADDRESS		23c. DATE SIGNED
24 TIC	AA. BURIAL, CON, REMOVAL (S	REMA- 24B. DATE pecify)	20	4C. NAME OF CEMETE	The Johns Hopkins	Hospital DCATION (City, town, or	5-21-51 county) (State)
	ATE RECEIVE	BY REGISTRAR	16/06.	HOW WE	25. FUNERAL DIRECTOR	A	DDRESS
	VS 150	(4,424-	· · · · · · · · · · · · · · · · · · ·	Kindle A A	2 e	7:	59

Thirtman RHUNDE LEGET WELL and the property of the state o

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

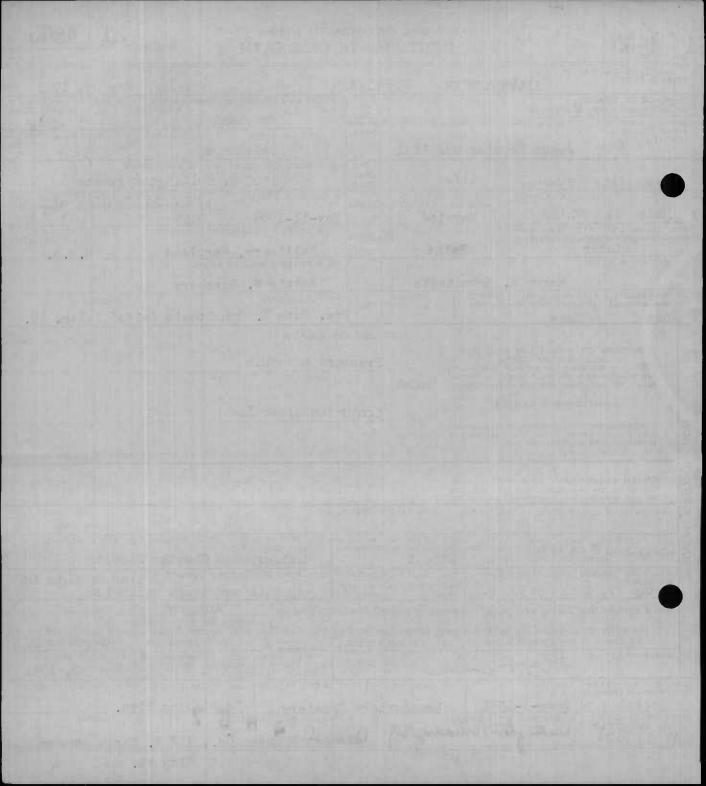
1	BIRTH NO.		C	ERTIFICAT	E OF DEATH	Registere	d No.	
M=	1. NAME OF D	ECEASED				2. DATE		
	(Type or Print)	Wil	liam G.	Ketterer		OF May	7 28/51	
	3. PLACE OF D A. Baltimore (	City, Maryland			4. USUAL RESIDENCE			nce nission)
	B. FULL NAME HOSPITAL OR	OF (If not in hospit	al or institution	give street address o			1 170	
	INICTITUTION	705 Rosedal	e St.	100401011	Baltimore (	If outside corporate h	mits, write RURAL at	nd give vnship)
-	00	, oo noodaa		Yrs.	D. STREET ADDRESS (	If many give leastion		
		tay in Baltimore	37 yrs	Mos. Days	705 Rosedale	St		
	Male	6.COLOR OR RACE	7. SINGLE. N WIDOWED Marrie	MARRIED. DIVORCED (Specify	Feb. 7,1882	9. AGE (In years birthday)	If Under   Year   If Under   Months   Days   Hours	24 Hours Min.
Parent S	Retired	CUPATION (Give kind of Prking life, even if retired)	108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Pa.	foreign country)	12. CITIZEN OF WHAT COU	
l l	13. FATHER'S N			CONST	14. MOTHER'S MAIDEN			
	Leopold 1	Ketterer			Louisa Kupper	schmidt		
0	15. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES? 1	6. SOCIAL	17. INFORMANT		ADDRESS	
,	,	(** 00) B. O. W. W. W. W.	0. 2017.00)	SECURITY NO.	Mrs. Marie W. B	Cetterer, 70	05 Rosedal	e 2.
	18. / 5	7/X.		CAUSE	OF DEATH		INTERVAL BE	TWEEN
	DISEAS	E OR CONDITION		/	110-6		ONSET AND	DEATH
	(This does	not mean the mode of	f dying, e. g.,	(A)	remid		NEE	1
	injury or	re, asthenia, etc. It mea complication which o	aused death.)	DUE TO CAY	cinome of.	the UVI	nary 18ho	. H.
		ANTECEDENT CAUS	ES		1 /		1 10140	7/1/3
2	DISEASES	OR CONDITIONS, II		(B)	Bladder			
H	RISE TO THE	HE ABOVE CAUSE (A)	STATING THE	DUE TO				
40	S	ING CONDITION EX	51,	(C)				
DTIELCATION		П						
707	OTHER S	IGNIFICANT CONDI						
2	TO THE DI	SEASE OR CONDITION		• • • • • • • • • • • • • • • • • • • •				
-	1 11 . 16-	F OPERATION 1	1	NDINGS OF OPE	~ /1 /5/	Ila. Til	20. AUTOP	
4010	311 ATCHE	ENT WAS UNDER-		OF INJURY ( of		Wer 2 1 1 ype	y, give exact location	VO P
MED	CALISE OF	R CONTRIBUTING	about home, farm	, factory, street, office bldg.,	etc.) INJURY OCCUR?	(II in Battinione Cit	y, give exact location	.,
-	INJURY	Month) (Day) (Year)	4-1	INJURY OCCURR		RY OCCUR?	Ball In the	
			m.   wo	ORK AT WORK		Maria	-1	
		y certify that I att			, 1977, to	11/09 , 19	51, that I last sa	w the
	23A. SJONA		19.5 / and		rred at 5:00 Pm., from	the causes and or		
	W.	The /	nuth	м р	3534 Edmond.	son Ave	23C. DATE SIC 29 MW U	1901
	24A. BURIAL, C		240	. NAME OF CEMETE	RY OR CREMATORY   240.	LOCATION (City, to	wn, or county) (S	state)
	tion, removal (S) urial	May 31	/51 Lot	don Park,	3801 Frederick	and.Balto	.29, Md.	
$\mathbf{I} =$	DATE RECEIVED	BY REGISTRAR	SSIGNATURE		28. FUNERAL DIRECTOR		ADDRESS	
	may 39193	157 hute	stor / the	and MAR 1	Jan. 7/11:7	4101 Ed	mondson Av	8.
=	VS 150	1		0.5	A O B	XICO		
	.0 100		5	74 24	4 3 5 0		5213	



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4865

-							
	NAME OF D ype or Print)		N LESTE	R SCHULTHE	IS	2. DATE OF DEATH ME	ny 29, 1951
	PLACE OF D Baltimore (				4. USUAL RESIDENCE	(Where deceased lived. I	If institution: residence before admission)
B. FULL NAME OF If not in hospital or institution, give street address or HOSPITAL OR location)					Maryla		24
IN	ISTITUTION	Johns Ho	pkins H		Baltim		it, write RUPAL and give township)
				Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	
	ngth of s	tay in Baltimore	Lif	O Days		. Collington A	
5:	Male	6.COLOR OR RACE	WIDOW	E. MARRIED. /ED, DIVORCED (Specify)		last birthday)	If Buder I Year If Under 24 Hours Inches Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	108. KIND	ried OF BUSINESS OR	Nov-11-1904 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF
work	done during most o Pair	of working life, even if retired)		INDUSTRY	Baltimore,		WHAT COUNTRY?
13	FATHER'S	IAME		CONUT.	14. MOTHER'S MAIDEN	NAME NAME	U.S.A.
		Harry A		theis	Hattie H. B	orchers	
15 (Yes	. WAS DECEASE , no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	None	None			Ars. Ruth E. Sc	hultheis (wife	e) Balto. Md.
	18. E	816.1		CAUSE	OF DEATH		ONSET AND DEATH
	DISEAS	E OR CONDITION		The	turns of sleet		
	(This does heart failu	not mean the mode ore, asthenia, etc. It mea	of dying, e. s	5·1 (A)	ture of skull	***************************************	***************************************
	injury or	complication which o	aused death	.) MINEXES			
		ANTECEDENT CAUS	ES	Cont	usion of brain		
Z	DISEASES	OR CONDITIONS, I	F ANY, GIVIN	(B)		***************************************	
ERTIFICATION	UNDERLY	HE ABOVE CAUSE (A) 'ING CONDITION LA	STATING TH				
S				(C)			
그는		II IGNIFICANT CONDI					
		TO THE DEATH, BUT SEASE OR CONDITION					
U	19A. DATE O	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
A	21A. EXTERN	IAL CAUSE WAS	21B. PLA	CE OF INJURY (e. g., in	or   21c. WHERE DID	(If in Baltimore City,	give exact location)
EDICAL	UNDERLYING C	AL CAUSE WAS OR CONTRIB- AUSE OF DEATH.		arm,factory,street,officebldg.,e Street	McEldery an	nd Chester Str	eets 7/5
Σ	21b. TIME (	Month) (Day) (Year)		21E. INJURY OCCURRI	ED 21F. HOW DID INJ	URY OCCUR? Drive	r of auto in
K	May 27	, 1951 5:30		WORK NOT WHILE	x an auto ar	nd truck colli	sion
	22. I certif	y that I took char	ge of the	remains described a	bovc, held an	Autopsy	thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated ab and death in my opinion resulted from: natural causes $\square$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .						he day stated above	
ŀ	23A. SIGNAT			one. naturat causes	238. CHIEF MEDICA	L EXAMINER 2	
		0 100	roke		D. MEDICAL INVESTIG		May 30, 1951
	A. BURIAL, C N. REMOVAL (S)		2	4c. NAME OF CEMETER	RY OR CREMATORY 240	LOCATION (City, town	, or county) (State)
DA	Burial TE RECEIVED	June-1-1		Meadowridge		shington Blvd	
LO	CAL REGISTS	BY REGISTRAR'S	STORE THE	anish Mile 12	25. FUNERAL DIRECTO		ADDRESS
ATT	S 151	1	A	St	ewart & Mowen (	Co 108 W. No	rth Avenue
	131	803	and the same	5647	U	City #1.	170- 3/

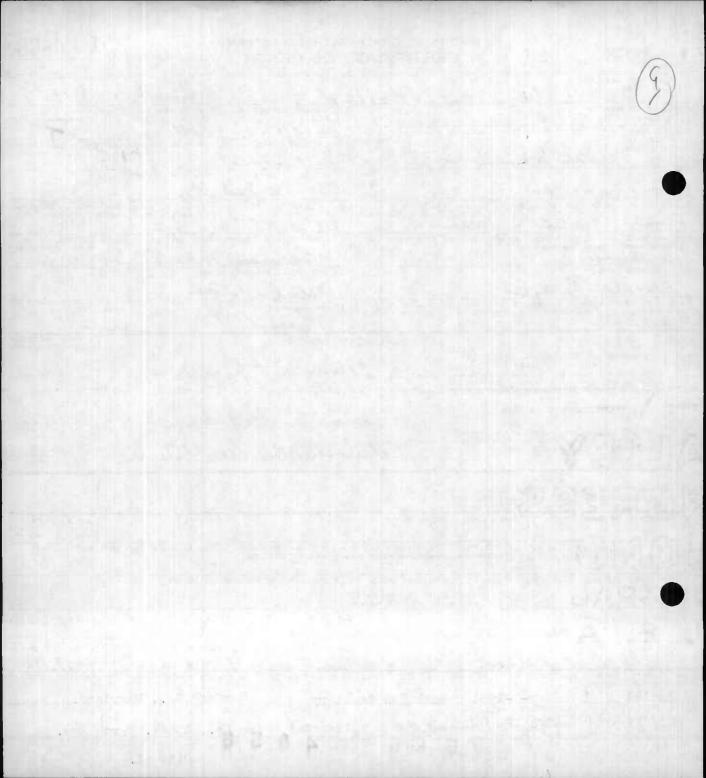


#### CERTIFICATE OF DEATH Registered No.

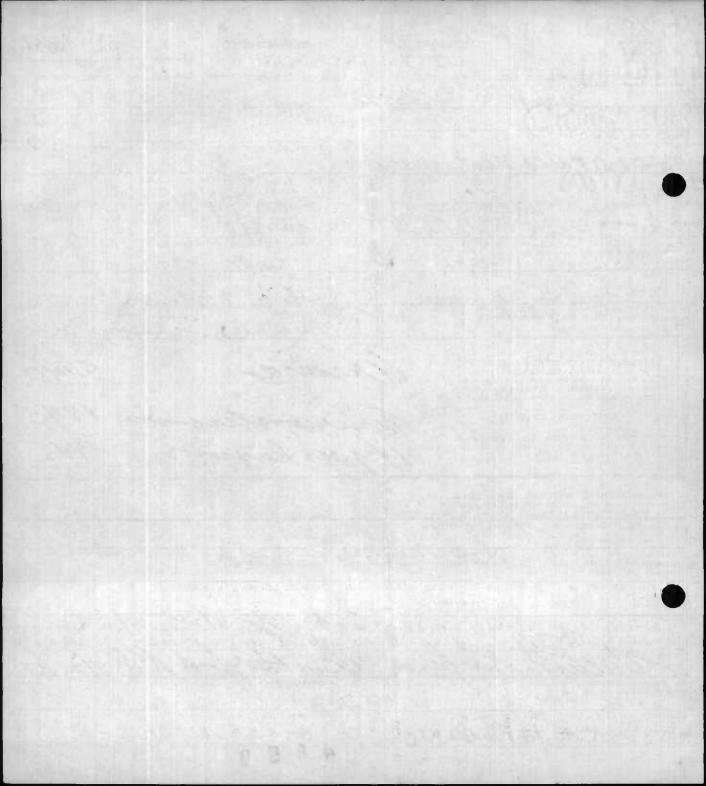
4866

BIRTH NO.	E OF DEATH					
1. NAME OF DECEASED	2. DATE					
(Type or Print) Mrs. Augusta L. Bail	ey DEATH May 29, 1951					
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived If institution : residence					
B. FULL NAME OF (If not in hospital or institution, give street address or	- Detore admission,					
HOSPITAL OR INSTITUTION // location)	C. CITY OR TOWN (If outside corporate limits, write RURA) and give					
Men Mennal Hospital	Baltimore 19 township)					
Yrs.	D. STREET ADDRESS (If rural, give location)					
c. Ength of stay in Baltimore Days	3301 St. Paul St.					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year   If Under 24 Hours					
Female white Married (Specify)	Ale, 20 1888 last birthday) Months Days Hours Min.					
10A. USUAL OCCUPATION (Give kind of Mork dooe during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF					
INDUSTRY	Herman Markland WHAT COUNTRY?					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
George Pieseler	merios. Heise					
15. WAS DECEMSED EVER IN U. S. ARMED FORCES?   16. SOCIAL (Yes, oo or unknown)   (If yes, give war or dates of service)   SECURITY NO.	17. INFORMANT ADDRESS					
(11 yes, give war or dates of service) SECURITY NO.	Kushand Same					
	OF DEATH INTERVAL BETWEEN					
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH					
LEADING TO DEATH	none the law 1 3 land					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	3,200					
injury or complication which caused death.) DUE TO						
ANTECEDENT CAUSES	unetic heart dreine ? years					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	anice may areas I gens					
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	insclutio heart disiase 7 years					
(c) Suu	insellation mail assess (years					
	V					
OTHER SIGNIFICANT CONDITIONS CON-						
TO THE DISEASE OR CONDITION CAUSING IT.						
1 194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?					
V I I I I I I I I I I I I I I I I I I I	YES NO X					
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., cause of Death	o or 21C. WHERE DID (If in Baltimore City, give exact location) injury occur?					
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?					
m. WHILE AT NOT WHILE AT WORK						
22. I hereby certify that I attended the deceased from May 29, 1957, to May 29, 1957, that I last saw the						
deceased alive on My 29, 1957, and that death occur	red at 7:40 P.m., from the causes and on the date stated above.					
23A. SIGNATURE LIVER M.D. 2	Baltimore 18. Maryland May 29, 1951					
24A. BURIAE, CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)						
Burial June-1-1951 Rock Run Cem	Harford Co., Maryland.					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS					
MAY 3 1 1951 Tuituator Milliams, Max	Stewart & Mowen Co., 108 W. North Ave.					
Vo. 150	A NOTUL AVE.					

City #1.

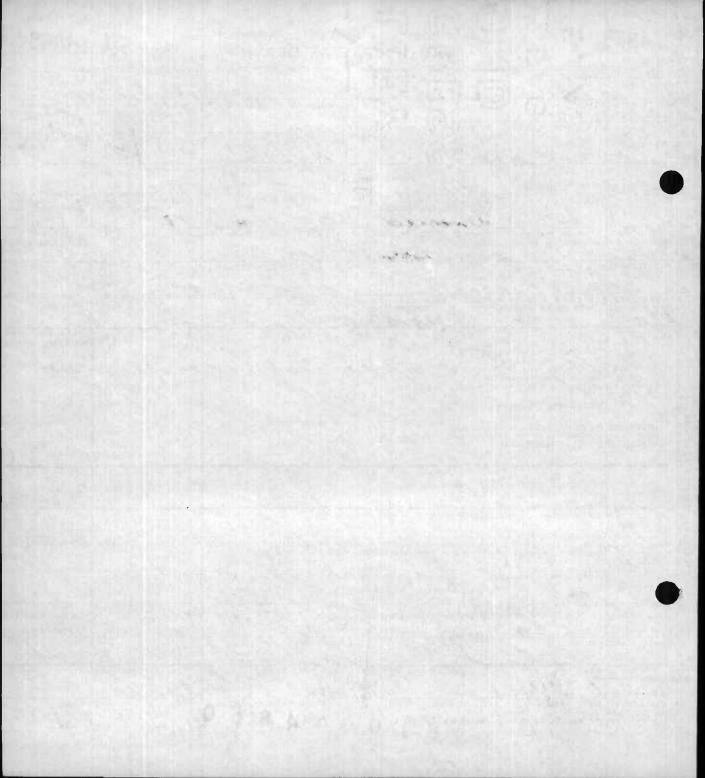


L	4857			TIMORE CITY H			NT	Danistan	TC	480/
B	IRTH NO.			CERTIFICAT	E OF	DEATH		Registered	1 10,	
1.	. NAME OF DE Type or Print)	SCEASED	ج ص	Ostorn	٤			OF ST	28/5	-/
	. PLACE OF DE . Baltimore C:					TE 200				on : residence before admission)
	FULL NAME O	OF (If not in hospit	al or instituti	on, give street address of location	1	PH	۷,	4		20
	NSTITUTION 60	28 0/1	Hans	and Rd	c. CIT	OR TOWN	Ba	e corporate lin	pits, write	RURAL and give township)
			1	Yrs. Mos.	D. STR	EET ADOPESS!	(If rural,	give location)		
		ay in Baltimore		Days		5028,1		-	0	
2	Mala	6. COLOR OR RACE		ED, DIVORCED (Specific		30/188	9. A	GE (In years ast birthday)	If Under 1 Yes Months Dn	ar H Under 24 Hours Livs Hours Min.
1 (	DA. USUAL OCC	UPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR		THPLACE (State	or foreign	1		TIZEN OF
	Cler	K	13	ORINDUSTR	1	1300	to 1	nd.	WH	HAT COUNTRY?
13	3. FATHER'S N.	AME			14. MO	THER'S MAIDE	NAME		-	
	980	798 \$-	Ostro	THE		Mice.	Har	diago	y	
Y	os, no or unknown)	O EYER IN U. S. ARMEI	o FORCES?	16. SOCIAL SECURITY NO.	H. INF	ORMANT	114	1	ADDRESS	5
					1 40	* N. Ka	rker	Vr. 236	OHZM	lock ave
	18. 44	7 X 1		CAUSE	OF DE	ATH ,			ONS	ERVAL BETWEEN
		E OR CONDITION LEADING TO DEA		//	200	ma_			15	Thate
	(This does	not mean the mode of e, asthenia, etc. It mea	f dving, e. g	(A)				***************************************		//9/5/
	injury or	complication which c	aused death.	DUE TO	. ,					
	A	ANTECEDENT CAUS	ES	1/11	100	, and	200		2 /	945
2	DISEASES	OR CONDITIONS, II	F ANY. GIVIN	(B)						
	RISE TO TH	E ABOVE CAUSE (A)	STATING TH	E OUE TO	1-20	e land			/	94
ز				(C)		7000				// 3
		11					7		-	
ピゴ	TRIBUTING	GNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D						
,				FINDINGS OF OPE		~				D. AUTOPSY?
1		0							YE	s No G
TO I		CONTRIBUTING		CE OF INJURY (e. g., irm, factory, street, office bldg.		. WHERE DID URY OCCUR?	(If in I	altimore City	, give exac	et location)
A		Month) (Day) (Year)	(Hour)   2	1E. INJURY OCCUR	RED 21F	HOW DID INJ	URY OCC	UR?		
	INJURY		m.	HILE AT NOT WHILE						
	22. I herchy	certify that I att			720	- 146 to	5/2	8 10	that	I last saw the
	deceased ali	ve on 5/25/5	Z 19	and the death occu	rred at	GOO m. two	m the con	uses and on	,	stated above.
	23A. SICKAT	RE	K	1	23B, ADD	RESS /	ch.	16		DATE SIGNED
-	/un	uus (	700	7 9 600 M. D.	430	11100	11000	1/10	5/	29/51
	4A. BURIAL, CI ON, REMOVAL (Sp		1/2	46. NAME OF CEMET	ERY OR CF	REMATORY 74	6. LOCATI	ON (City, tow	vn, or count	ty) (State)
-	BUTIA	2 3/3/5	-/	V. Ma	Muci	15	150	elto.	Md	,
L	ATE RECEIVED		SIGNATU	RE	25. FUN	PERAL DIRECTO	OR In	an Od	ADDRE	iss 🗡
	WAY 3 1 19	J. hunder of the	177 LAND	SAL TOWN	4-	(00 K 34	c, /2/	101-1	MIKU	/ e
	VS 150			3505	04	8 5 6				97
				0						11



#### BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. CERTIFICAT	E OF DEATH Regist	ered No. 1000
1. NAME OF DECEASED	2. DATE	
(Type or Print) Jose ph E. Zollickoffs		5/2= /-,
3. PLACE OF DEATH:	DEATH 4. USUAL RESIDENCE (Where deceased)	
A Baltimore City, Maryland	A. STATE B. COUL	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION		atelimits, write RURAL and give
MERCY HOSP	BahTimore	(d) township)
irs.	D. STREET ADDRESS (If rural, give local	tion)
angth of stay in Baltimore 47	2742 R1995 Ave	
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	18 DATE OF BIRTH 19 AGE UNV	ears if Under I Year if Under 24 Hours lay) Months: Days Hours Min.
WIDOWED, DIVORCED (Specify)	SEP1. 29, 1904 46	lay) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
work done during most of working life, even if retired)  INDUSTRY	100 0	WHAT COUNTRY
13. FATHER'S NAME LABORAL BE / TO TRANSITO	14. MOTHER'S MAIDEN NAME	1/1.3.
	14. MOTTER S MAIDEN MAME	
Deced & Lollick OFFER	MARYBERRY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, mp or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
1213-10-301	7 Hosh Record	
18. / 63 X . CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
FADING TO DEATH	CINOMAOFLANG	1
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
(C)		••••••
OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
<u> </u>		YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout bome, farm, factory, street, office bldg.,	io or 21c. WHERE DID (If in Baltimore INJURY OCCUR?	City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
INJURY WHILE AT NOT WHILE		
m. WORK AT WORK		
22. I hereby certify that I attended the deceased from	20/51, 19 , to 5/20/5/	, 19, that I last saw the
deceased alive on 5 /2 9 , 19 and that death occur	rred at 335 m., from the causes an	
	23B. ADDRESS	23c. DATE SIGNED
C.R. dula d. M.D.	Mary Hool	5/27/37
24A. BURIAL, GREMA- TION, BEMOVAL (Specify)	RY OR CREMATORY 240. LOCATION (Cit	y, town, or county) (State)
Burial 9/1/51 Cathe	doel Belto	Me o
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MANY 2 1 10 E1 mitting to Mineral Make Co.	1/8 (A BLO 10 8	+ Bul of
THAT STEED IN STEED I	10 1 10 1 10 1 10 1 10 10 10 10 10 10 10	1 10000
VS 150	3	117
17001		417



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH May 30 195 4. USUAL RESIDENCE (Where deceased lived, Winstitution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland 63 0 A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Balto HOSPITAL OR location) (If outside corporate limits, write RUEAL and give C. CITY OR TOWN INSTITUTION ( )township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore inore ave Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years II Under 1 Year II Under 24 Hours last birthday) Months; Daya Hours; Min. idowed 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BYRTHPLACE (State or foreign country) 12, CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? u.s.a. home 13. FATHER'S NAME MAIDEN NAM enry 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. RTIFI H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES werds 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or | 21c. WHERE DI (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! WHILE AT WORK AT WORK rune 22. I hereby certify that I attended the deceased from 1946. to May 30 , 1951, that I last saw the hay 30. 19 5, and that death occurred at 7:35 Pm., from the causes and on the date stated above. deceased alive on\_ 23c. DATE SIGNED done Clour 24A. BURIAL. CREMA-24B. DATE 24c, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

VS 150

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THE REPORT OF PARTY AND ADDRESS OF THE PARTY. 

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

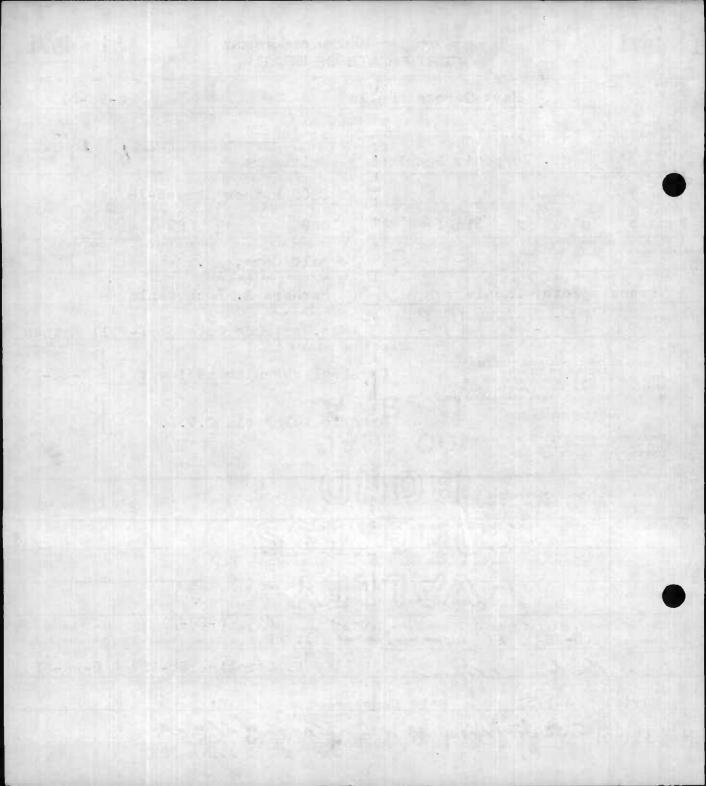
Registered No. 4870

1. NAME OF DECEASED (Type or Print) Agnes Poldeman 2. DATE OF DEATH May 29.	1051
3. PLACE OF DEATH:  A. Baltimore City, Maryland  A. STATE  B. COUNTY	
3. FULL NAME OF (If not in hospital or institution, give street address or Maryland	-6
HOSPITAL OR Baltimore City Hospitals C. CITY OR TOWN (If outside corporate limits, wri	e I URAL and give
4940 Eastern Avenue Baltimore	township)
Yrs. D. STREET ADDRESS (If rural, give location)	
c. Ligth of stay in Baltimore 1 1 Trs. Mos.   621 S. Rappolla St.	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years list hirthday) Months:	Year If Under 24 Hours Days Hours Min.
Female White Single Dec.31,1874 76	1 b
	CITIZEN OF
Estonia	WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	-
7	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL 17. INFORMANT 2	
(es, no or unknown) (If yes, give wer or dates of service)   16. SOCIAL SECURITY NO.   17. INFORMANT Baltimore City Hospit Records: 4940. Eastern Avenue	als
la de la companya de	NTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	NSET AND DEATH
LEADING TO DEATH	/ D
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	6 Days
injury or complication which caused death.) OUE TO	
ANTECEDENT CAUSES	
(B) Hypostatic Bronchopneumonia	3 Days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	••••••
INDEDIVING CONDITION COM	4 Wks.
Intertrochanteric Fracture at Femur	T "KS.
OTHER SIGNIFICANT CONDITIONS CON.	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION HELD THE COMMITTEE	20. AUTOPSY?
5-1-51 Intertrochanteric fracture rt. femur	YES NO T
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g., in or   21C. WHERE DID (If in Baltimore City, give e	xact location)
LYINGE OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?  LYINGE OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?  621 S. Rannolla St.	
CAUSE OF DEATH Home 621 S. Rappolla St	•
NJURY	
4- 26-51 m. WHILE AT NOT WHILE AT Slipped and fell to floor	
22. I hereby certify that I attended the deceased from 4-26, 1951 to 5-29, 1951, the	at I last sam the
deceased alive on 5-29, 19 52 and that death occurred at 9:55pm., from the causes and on the da	te stated above
	C. DATE SIGNED
M.D. 4940 Eastern Avenue	5-30-51
24a. BURIAL, CREMA- 24B. DATE / 24c. NAME OF CEMETERY OR CREMATORY 24o. LOCATION (City, town, or co	
ION, REMOVAL (Specify)	Of not
DATE RECEIVED BY LEGISTRARS SINATURE 125 FUNERAL DIRECTOR ADD	no ma.
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADD	L A
MAY 311951 Laneral Home ?	to Belan
VS 150	RA
N -871.0 To Be Approved By Medical Examiner 1860	

City Morga The state of the s The court of the c

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BI	RTH NO.			CERTIFICATI	E OF DEATH	Registered	170.
1. NAME OF DECEASED 2. DATE							
	vpe or Print)		Mary T	eresa Shetla	a de la companya de l		5-28-51
	PLACE OF D	EATH:			4. USUAL RESIDENCE (W	There deceased lived, I	
		City, Maryland	-1 11111		A. STATE Marvland	B. COUNTY	before admission)
	FULL NAME SPITAL OR	OF (11 not in nospit	ai or instituti	on, give street address or location)		outside corporate lin	its write RURAL and give
IN.	STITUTION	St. Jo	speh!	s Hospital	Baltimore	9	township)
				Yrs.	D. STREET ADDRESS (If	rural, give location)	
C.	Length of s	tay in Baltimore		Mos. Days	2809 Mathew	Street-18	
	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED,	8. DATE OF BIRTH	9. AGE (In years	If Under I Year   If Under 24 Hours
]	Female	White	Si	ngle (Specify)	1869	82	In the Days Hours Min.
10.	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	non	e		-	Balti more, N	Id.	WHAT COUNTRY?
13	FATHER'S	NAME			14. MOTHER'S MAIDEN NA		
		cis Peter S			Barbara A. I	Cochboehle	r
15 (Yes	, no or unkoown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no	-		-	Mrs.Gertrude (	ostendorf-	2811 Mathew
	18. 4	22.1.		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY				ONSE! AND DEATH
		LEADING TO DEA	ru	Cere	bral vascular	accident	5-23-51
	heart failt	re, asthenia, etc. It mea	ns the disease	9,	***************************************	*****************************	19.000000.
	madaly of			ESPAINT PERCENT			
-		ANTECEDENT CAUS	ES		rio scleretic	C.V.D.	
0		S OR CONDITIONS, I			***************************************	**	
FI	UNDERLY	HE ABOVE CAUSE (A)	STATING TH	E DUE TO			
CERTIFICATION				(C)	***************************************	*************	
느		II					
		IGNIFICANT CONDI					
C		SEASE OR CONDITION					
	19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
A							YES NO X
EDICAL		ENT WAS UNDER. R CONTRIBUTING DEATH		CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE DID (I	If in Baltimore City,	give exact location)
Σ	TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	NJURY WHILE AT   NOT WHILE						
m.   WORK   AT WORK							
Thereby certify that I attended the deceased from						the date stated above	
	deceased alive on 5-28, 151, and that death occurred at 1:15 m., from the causes and on the date stated above.  23a. SIGNATURE   23b. ADDRESS   23c. DATE SIGNED						
	1400 N Canalina St-13 5-29-51						
	Buri			Holy Redee	mer Com	lity	
	TE RECEIVE	D BY REGISTRAR			25. FUNERAL DIRECTOR	, /	ADDRESS
N	MAY 3 1 1	957 Hunter of	The Think	entité, Moterin o	WIEDEFOLD X	SON Sow.	
-17	VC 150	The same of the sa	-1	1.11		F & 22ND	



#### BALTIMORE CITY HEALTH DEPARTMENT

51 4872

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Clarence Blaney 5-28-1951 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY befor admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals c. CITY OR TOWN (If outside corporate limit, write RURAL and give 4940 Eastern Ave. township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 104 W. West St. zone 23 c. bength of stay in Baltimore Life Days 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in years a last birthday) Months: Days Hours Min. Jan. 4- 1883 Male White 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland Kotmair'sTavern Bartender 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry Clay Blaney Catherine Elizabeth Dauner 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Ave. SECURITY NO 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Bronchial Pneumonia 3days (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (a) Chronic Glomerular Nephritis with CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO Uremia 2 weeks RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL Supracondylar Amputation , left leg 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY 22. I hereby certify that I attended the deceased from 4-26-. 19 51 t5-28-. 1951, that I last saw the deceased alive on 5-28- , 1951 and that death occurred at 9.552 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Ave., Baltimore, Md. 24A. BURIAL. CREMA-TION, REMOVAL (Specify) Burial 24c. NAME of CEMETERY or CREMATORY! 24D. LOCATION (City, town, or county) 31,1951 Mt. Olivet Cemetery | Frederick Rs. Balto Md

25. FUNERAL DIRECTOR

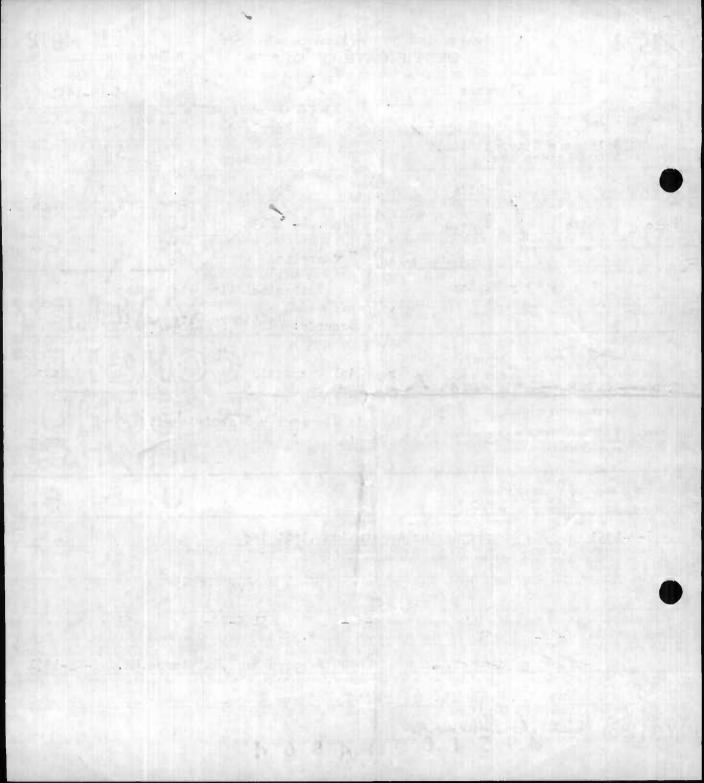
VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

ADDRESS

KRAUSE FUNERAL HOME 1216S. CharlesSt

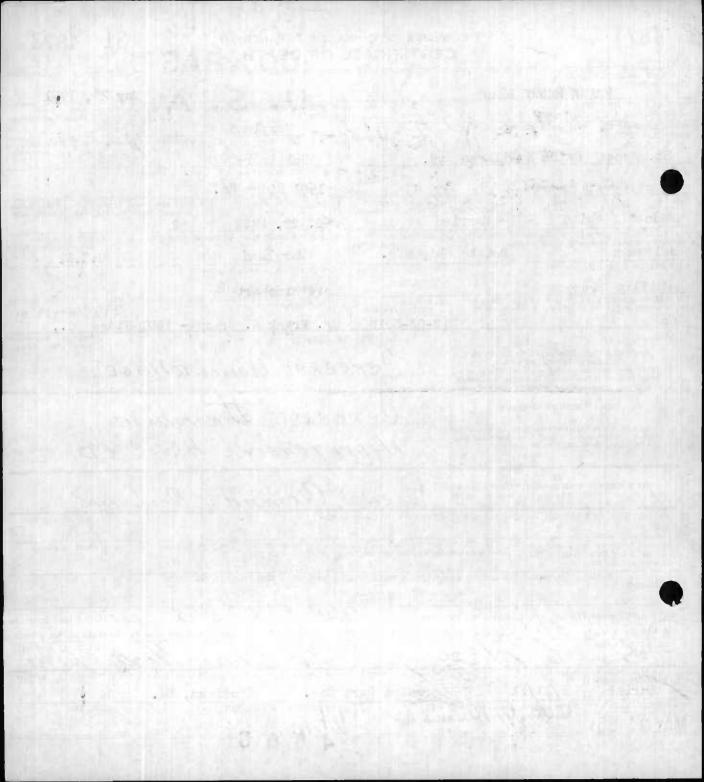


6 3 <sub>4873</sub>
BIRTH NO.
1. NAME OF DE (Type or Print)

### BALTIMORE CITY HEALTH DEPARTMENT.

51	4873
egistered No	40/0
eg.stered 110.	

. 1070	CEDITIES ATE	OF DELATINE	Pagistaned No. 4870
BIRTH NO.	CERTIFICATE	- OF DEATH	Registered No.
1. NAME OF DECEASED (Type or Print) FRANK HENRY BE	DADY		2. DATE OF Now 29 3073
3. PLACE OF DEATH: A. Baltimore City, Maryland	(AD)	4. USUAL RESIDENCE (W	DEATH May 28, 1951 here deceased lived. If institution: residence B. COUNTY, before admission
B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION	or institution, give street address or location)		outside corporate finits, write HURAL and giv
St. Agnes Caton & Wi		Baltimore	1 1/0-1
c. Ongth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If r	ural, give location)
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years If Under I Year If Under 24 Hours
Male White	Married (Specify)	Jan. 22, 1899	52 Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) Salesman	otato Chip Mfg.	11. BIRTHPLACE (State or for Maryland	reign country)  12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME	- 0	14. MOTHER'S MAIDEN NA	
Phillip Brady		Rose Rinehart rt	
15. WAS DECEASED EVER IN U.S. ARMED F Yes, no or unknown) (If yes, give wer or dates of	fervice) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	212-03-3019	Mr. Frank A. Brad	iv - 1501 Ridge Rd
heart failure, asthenia, etc. It means injury or complication which cau  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) STUNDERLYING CONDITION LAST	the disease, sied death.) DUE TO  S  ANY, GIVING TATING THE OUE TO  (C) HYPE	EBRAI HOMO EBRAI THE ERTENSIVE	A.S.C.YD.
TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION C		CORONARY	
C SALE OF OPERATION O	. MAJOR FINDINGS OF OPERA	ATTON	20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., et		in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (F	Hour)   21E. INJURY OCCURRE  while at   NOT WHILE   work   At Work	D 21F. HOW DID INJURY	OCCUR?
deceased aline on 5/28	ided the deceased from	5/24 , 1957, to 3	, 1951, that I last saw the causes and on the date stated above
23A. SIGNATURE	Teals M.O. 23	3B. ADDRESS	23c. DATE SIGNED
24A. BURIAL. CREMA- PON, REMOVAL (Specify) Burial 5/21/51			CATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAN SELECTION OF THE PROPERTY OF		25 FUNERAL BIRECTOR	Address Helen & Henry
VS 150	4904	43 1/0 0	937



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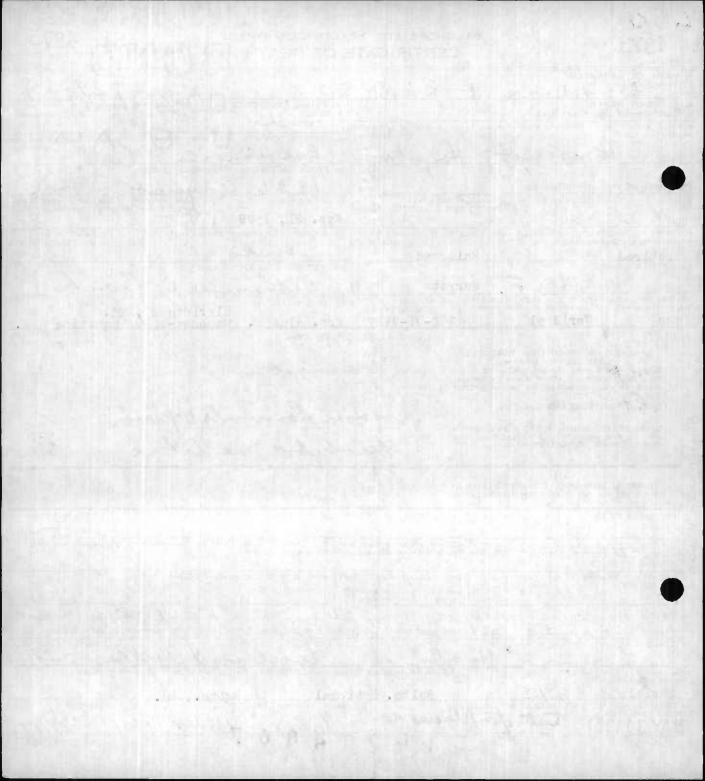
1	4874	1	BAI		ALTH DEPARTMEN	Registered	1 48/4
BIF	RTH NO.			CERTIFICAT	E OF DEATH	registered .	
	NAME OF DI	ECEASED				2. DATE	
(Ty	pe or Print)	A AR	A. KI	IBER SMOOT		OF MA	429,1951
	PLACE OF DI		7 W. W		4. USUAL RESIDENCE	(Where deceased lived, If	
_		ity, Maryland		÷	Maryland	B. COUNTY	before admission)
HO	SPITAL OR	OF (11 not in iid	spital or institut	ion, give street address or location)		(If outside corporate thai	ts write Rund Land give
INS	STITUTION	13 S. Sma	llwood S+		Baltimore	10	township)
W.A		20 00 01118		Yrs.	D. STREET ADDRESS	(If mural give location)	
c	Length of st	tay in Baltimor	e	Mos. Days	13 S. Smallwood		
5.	SEX	6. COLOR OR RA		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH		h Under 1 Year . If Under 24 Hours on the Days Hours Min.
	male	white	marr		Nov. 6. 1877	73	Jays Hours Min.
10/	. USUAL OC	CUPATION (Give ki	odof 108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State o		12. CITIZEN OF
	lineman	f working life, eveo if ret		hone Co.	Windinia		WHAT COUNTRY?
-	FATHER'S N	AME	1 10101	Mone co.	Virginia 14. MOTHER'S MAIDEN	NAME	
1.5		n B. Smoo			Mary Jane Balde	rson	
Yes,	oo or noroomo)	D EVER IN U. S. Af (If yes, give war or	dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
0				212-05-0908	Mrs. Ann E. S	moot - 13 S. S	mallwood St.
	18.	92 X.		CAUSE	OF DEATH		INTERVAL BETWEEN
		E OR CONDITION	ON DIRECTLY				DNSET AND DEATH
		LEADING TO	DEATH	QL-0	mi myoza	relities	UH S SHEET STORY
	heart failu	not mean the mo re, asthenia, etc. It	means the diseas	se,			***************************************
	injury or	complication whi	ch caused deatl	n.) DUE TO			
		ANTECEDENT C	AUSES	01	. 0.	1 7	
Z I				(B) Ch	me ny		
2	DISEASES	OR CONDITION HE ABOVE CAUSE	(A) STATING T	NG HE DUE TO			
4		ING CONDITION					
							E OF GROOM
		11		_ (C)			
ב		IGNIFICANT CO					
5	TO THE D	SEASE OR CONDI	TION CAUSING	IT	······································		
	19A. DATE O	F OPERATION	198. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
1	hos						YES NO
5	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)		ACE OF INJURY (e. g., i farm, factory, street, office bldg., c		(If in Baltimore City,	give exact location)
П		(-2					
≥		Month) (Day) (Y	ear) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?	
Ä,	INJURY			WHILE AT NOT WHILE			
-			m.	WORK AT WORK		20	- 1
	22. I hereby	y certify that I	attended the	deceased from	red at 9 2 Pm., from	may 27 , 19.3	that I last saw the
1	deceased al	ive on 7110	7, 19 5 1,	and that death occur	red at 7 m., from	n the causes and on t	he date stated above.
	23A. 206NAT	TURE T	ep.	. 2	8 20 medie	1 +15 BG6	23c. DATE SIGNED
-	Out	TV 6. E	name	M. D.		7.	7/30/51
TIO	A. BURIAL, C N. REMOVAL (S	pecify)		24c. NAME of CEMETE	RY OR CREMATORY 24D	LOCATION (City, town	, or county) (State)
B	urial	6/2/	51	Moreland Mem.	Pk. Balt	on Co., Md.	0
	TE RECEIVE		AR'S SIGNATI	JRE	25. FUNERAL DIRECTO		ADDRESS
LO	CAL REGISTI	E1	a tops Mosli	and steam of	Dom. L.	reserved +	yours.
1	113119	21			A Marie Contraction	/	12.11
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				09001		131	12 "VIA.
		1					

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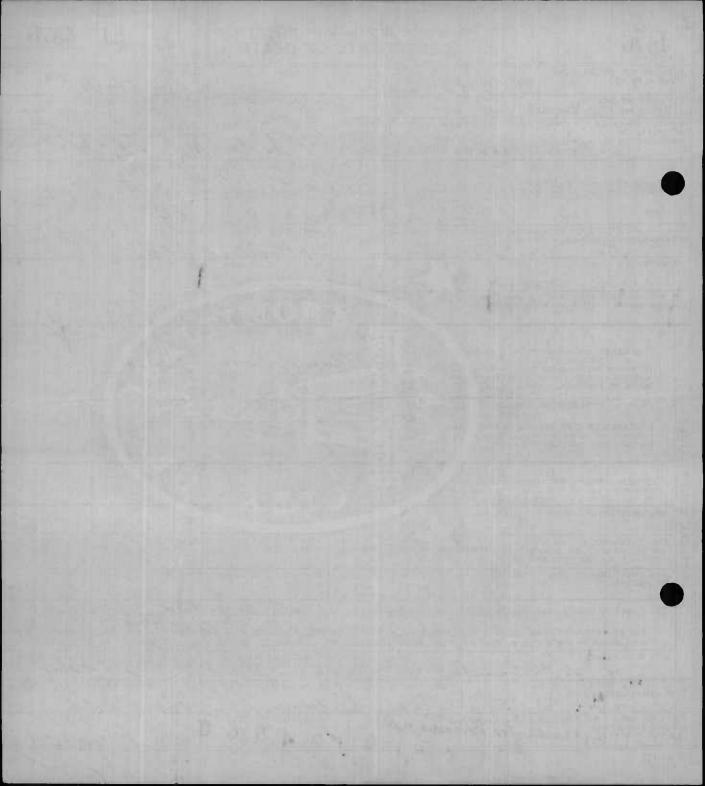
#### BALTIMORE CITY HEALTH DEPARTMENT

4875			CERTIFICATI	E OF DEATH	Registered No	1 4070
BIRTH NO.			CERTIFICATI	L OF DEATH		
1. NAME OF D (Type or Print)	WILLIAA	1 F	BERR	ETT	OF DEATH	29-51
3. PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If in	nstitution: residence before admission)
B. FULL NAME		al or instituti	ion, give street address or	me	Batter	MAN 0 -
HOSPITAL OR	7	,	location)	c. CITY OR TOWN (If	outside corporate limits,	
38	universi	A7 1	to petal	Baltimo	a M	( township)
		,	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	5300
	tay in Baltimore		Days	1906 0	nguster	y ade
5. SEX	6. COLOR OR RACE		MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH		nder I Year If Under 24 Hours ths Days Hours Min.
IOA LISUAL OC	CUBATION (St. V. L.	40= 1/1110	05 5	Feb. 21, 1896	0 3	
ork done during most	CUPATION (Give kind of of working life, even if retired)		INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	2. CITIZEN OF WHAT COUNTRY?
retired	REAL ESTATE	GEN Rai	ilroad	ma		
13. FATHER'S	NAME			14. MOTHER'S MAIDEN NA	AME	
	water +		rett	lathere	ne 0. 130	ich
You, no or unkoowo)	ED EVER IN U, S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	levi des 27 AD	DRESS
yes	World #1		705-05-7427	Mrs. Alma M. Pum	kridge 27, Md	eustine Ave.
18. 96	^ V I		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEAS	SE OR CONDITION					ONSET AND DEATH
(This does	LEADING TO DEAT not mean the mode o	f dying, e.g	· who	med		
heart failu	re, asthenia, etc. It mea	ns the disease	e,		••••••	
	ANTECEDENT CAUS	ES	Chron	in doment	to neplante	
	S OR CONDITIONS, IF		G CUE TO	in formend abetes me		J
	THE ABOVE CAUSE (A) YING CONDITION LA		E DUE TO	alukes me	11. 4.	
			(C)			****
	Н					
	GIGNIFICANT CONDITION TO THE DEATH, BUT					
	F OPERATION 1		FINDINGS OF OPER	ATION		1 20 AUTORGUA
i isa. Daire	DI OFERATION 2	SB. MAJOR	,	ATION		20. AUTOPSY?
	ENT WAS UNDER-	218. PLA	CE OF INJURY (e.g., i	or 21c. WHERE DID (I	f in Baltimore City, gi	
CAUSE OF	R CONTRIBUTING DEATH	ebout home, i	erm, factory, street, office bldg.,	tc.) INJURY OCCUR?		
210. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
		m.	WHILE AT NOT WHILE			
22. I hereb	y certify that I att	ended the	deceased from 5	- 6 195 Uto .	5 29 195	that I last saw the
deceased a	live on 5-29	195/	and that death occur	red at 4 30 pm., from the	he causes and on the	date stated above.
23A. SIGNA		4.1		3B. ADDRESS	1 1/ 1	23c. DATE SIGNED
ν.	hanna	An	Men M.D.	. Tenever	city Hackerter	75/25
24A. BURIAL, FION, REMOVAL (S	CREMA 248. DATE	12	A. NAME OF CEMETE	RY OR CREMATORY 24D. LO	OCATION (City, town, o	r county) (State)
Burial	6/1/51		Balto. Nat:	ional Ball	to. Md.	
DATE RECEIVE	DAD Am A!		PF.	25. UNERAL DIRECTOR		ADDRESS
MAY 311	1951 Thurston	ston 14	Manus, Ma	V/m + Vsel	eur V Dan	- wallo,
VS 150		1,1		148/07		- Ma.
		- A	42050	V		61
			11		Section 1	



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1876

BIRTH	NO.	CERTIFICATI	E OF DEATH	Tregistereu .	
	ME OF DECEASED or Print)  A H	o Wolfe		2. DATE OF DEATH 3/3	30/5/
	CE OF DEATH: timore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. In B. COUNTY	f/nstitution: residence before admission
B. FUL	L NAME OF f not in hospital or institu		Md		
INSTIT	TAL OR UTION / theran Hazarta	location)	C. CITY OR TOWN (If o	outside corporate	ts, write YUMAL and give township
12-1-	Lutheran Hospita	-	04/10	79 0	
	. II C. t D. R.	Yrs. Mos.	D. STREET ADDRESS (If r	tural, give location)	1-
5. SEX	gth of stay in Baltimore  [6.COLOR OR RACE   7. SINGL	Days .E. MARRIED.	& DATE OF BIRTH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	If Under 1 Year   If Under 24 Hours
5.02		WED, DIVORCED (Specify)			onths Days Hours Min.
10A. U	SUAL OCCUPATION (Give kind of 10B. KIN)	D OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country)	1 12. CITIZEN OF
work done	during most of working life, even if retired)	INDUSTRY	B-+1-	m	WHAT COUNTRY
13 (FA	THER'S NAME	mment.	14. MOTHER'S MAIDEN NA	ME	L
1	9 2 2		7	1412	
15. WA	S DECEASED EVER IN U. S. ARMED FORCES?	I 16. SOCIAL	coma.		
(Yes, no o	unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT	21 00 1	ADDRESS AT
1.0	/		Mrs. Margares	Stay 16	VINTERVAL BETWEEN
18.	9001		OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Pursung Anteny	Durese	
	(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused deat	se,			
	ANTECEDENT CAUSES				
7		(B)	***************************************		
0	DISEASES OR CONDITIONS, IF ANY, GIVI RISE TO THE ABOVE CAUSE (A) STATING T				
AT	UNDERLYING CONDITION LAST.	(C)			
FICA	11				AND ADDRESS OF THE PARTY OF THE
FL	OTHER SIGNIFICANT CONDITIONS CO				
T.	TO THE DISEASE OR CONDITION CAUSING				
U 19A	. DATE OF OPERATION 198. MAJOR	R FINDINGS OF OPER	ATION		20. AUTOPSY?
¥	EXTERNAL CALICE WAS 218 PI	ACE OF INJURY (e. g., in	or   21c. WHERE DID (If	in Baltimore City,	YES NO
5 UNI		farm, factory, street, office bldg., s		THE PARTITION OF CHAP,	Sive Cause Islanding
	TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
22	I certify that I took charge of the		have hald an Large	tion	thousan and from
			Autopsy, In	nspection or Inquiry	_ thereon and from
	the evidence obtained by said Autoriand death in my opinion resulted	opsy, Inspection or I	nquivy, find that said dec	ceased died on the	he day stated above
23/	A. SIGNATURE		238. CHIEF MEDICAL E		3c. DATE SIGNED
	/ fulgorale	2. M	.D. MEDICAL INVESTIGATO	XAMINER	2/30/51
24A	BURIAL, CREMA- 24B, DATE EMOVAL (Specify)	24c. NAME OF CEMETE		GATION (City, town	(State)
V	unail 6/2/51	That. I	edeema &	allo	Med
DATE I	RECEIVED BY   REGISTRAR'S SIGNATH	LAMAS, MAN.	25. FUNERAL DIRECTOR	1	ADDRESS
MAY	311951 Lutu ton 1900	The state of the s	Ausko !	8305 H	usod to
VS 1	51	1.4.7	1 / 4	^	1 1
	P 47	512 91		94	a



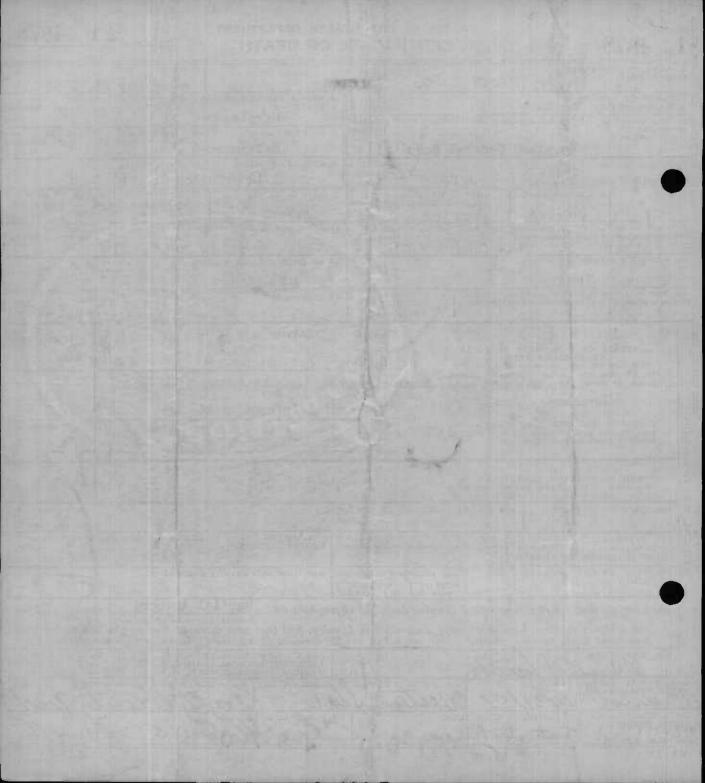
532  BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEA	U.L. 10//			
1. NAME OF DECEASED (Type or Print)  ANNA M. PONTIOUS	2. DATE. OF SATA 5-30.51			
	SIDENCE (Where deceased lived. If institution : residence B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION C. CITY OR TO	Maryland OWN (If outside corporate fimile, write ROHAL and give			
// St. Agnes' Hospital	Baltimore L township			
Mos.	DDRESS (If rural, give location)			
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify) 2. Ch. 196	IRTH 9. AGE (In years			
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR II. BIRTHPLA	CE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY			
13. FATHER'S NAME 14. MOTHER'S	MAIDEN NAME			
Ahoysius F. ORNdORFF Julia	Riddle Moser			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMAL				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	ine FSCVD any Emplysema			
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about bome, farm, factory, atreet, office bidg., etc.) INJURY OF CALLSE OF DEATH	20. AUTOPSY?			
21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.)  LYING OF CONTRIBUTING CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., in or INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  WHILE AT   NOT WHILE   AT WORK   AT				
22. I hereby certify that I attended the deceased from 5/7, 1911, to 5/50, 195, that I last saw the				
deceased alive on \$ 19 and that death occurred at 238. SIGNAURE 238 ADDRESS	m, from the causes and on the date stated above.			
24A. BURIAL CREMA 24B. DATE TION REMOVAL (Specify)    6/3/5/ MT. Carnel	Mena HRKANSAS			
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR LOCAL R	DIRECTOR			

VS 150

1000-Reference PSEVD 12/2/ 12 - 12/27 di 2/24 12/2/3 January Comments of the Commen

# CERTIFICATE OF DEATH Registered No. 1878

B	RTH NO.	0		CERTIFICATI	L OI BLAIII		
	NAME OF I					2. DATE OF	
			YNNHC	O. MA	TOTH (MARSH)		24, 1951
	PLACE OF I	City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	stitution : residence before admission)
_	FULL NAME		al or institut	ion, give street address or	Maryland	J. 0001111	Delore admission)
	OSPITAL OR			location)	C. CITY OR TOWN (If	outside corpora e Units,	write RORAL and give
		Maryland	General	l Hospital	Baltimore	14-	township)
1				Yrs.	o. STREET ADDRESS (If		
	noth of	stay in Baltimore	30yı	rs Mos.	1712 McGu	lloh Street	
5	SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH		nder 1 Year   It Under 24 Hours
	Mala	0-7	WIDOW	/ED, DIVORCED (Specify)	1-11-		ths Days Hours Min.
10	Male	Colored CCUPATION (Give kind of	Mari	Cled O OF BUSINESS OR	5/3/1902	49	
wor	done during most	tof working life, even if retired)	IOB. KIND	INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	2. CITIZEN OF WHAT COUNTRY!
	Waite		Cour	ntry Club	F ayettevill		
13	FATHER'S	NAME			14. MOTHER'S MAIDEN NA	ME	
	ROBER	T O'MARSH			ALIANDA CBLHEI		
15	. WAS DECEAS	ED EVER IN U. S. ARMEL	FORCES?	16. SOCIAL	17. INFORMANT	ADI	ORESS
(10	M NO OF GRENOWN	(If yes, give war or date	or service)	579-03-197		314-14t	h, AveNorth
	10	<u> </u>			Alzalie Oma	csn ashv	ille 3 Tem
	18.	12011		CAUSE	OF DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION LEADING TO DEA					
	(This doe	es not mean the mode of	of dying, e. g		ary occlusion	***************************************	*****
	injury or	heart failure, asthenia, etc. It means the disease, injury or complication which eaused death.)					
	ANTECEDENT CALISES						
	Myocardial infarct						
6	DISEASE BISE TO	S OR CONDITIONS, IN	F ANY, GIVIN	IG IE OUE TO	***************************************	***************	
Ĕ	UNDERL	YING CONDITION LA	ST.				
RTIFICATION				(C)			
Ī.	OTHER	11	TIONS.		,		
R		SIGNIFICANT CONDI					TENER IN
CE		DISEASE OR CONDITION		Carlo Car			
	19A. DATE	OF OPERATION 1	B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY7
AL			L 04= DL 4	GE GE !!!!!!			YES X NO
EDIC	21A. EXTER UNDERLYIN	NAL CAUSE WAS		CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE DID (If	in Baltimore City, give	e exact location)
		CAUSE OF DEATH.					
Σ		(Month) (Day) (Year)	(Hour)   2	1E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
ľ	OF INJURY		m. W	WORK NOT WHILE			
	22 1 nomto	for that I took about			Partis	al Autopsy	.7 1 /
				remains described a	Autopsy. I	nspection or Inquiry	thereon and from
	the ev	idence obtained by	said Auto	psy, Inspection or I	nguiry, find that said de	ccased died on the	day stated above,
			resulted fi	rom: natural causes	X, accident □, suicide		
	23A. SIGNA	TURE	2		23B. CHIEF MEDICAL E ASSISTANT MEDICAL E	XAMINERX	DATE SIGNED
24	BURIAL.	Seem Upor	141		D.   MEDICAL INVESTIGATO	or 🗀 May	
7	REMOVAL (S	Specify, 24B. HATE	2	4c. NAME OF CEMETE	OR CHEMATORY 240-15	CATION (City town, or	eounty) (State)
L	mu	W 3/3//	5/	Wallen S	an Ba	4 everen	les livel
	TE RECEIVE	D 8Y REGISTRAR'S	SIGNATU	RE	25. FUNCAL DIRECTOR	1 - A	DIRESS
M	11 3 1 13	DI Thurty	in Mille	and Kill	-haa Hur	ku 5/2 (	awellan
V	S 151		- 1		4 4 4 4		0111
			19.71	1848	y	911	augh
	-			4/0/		14	

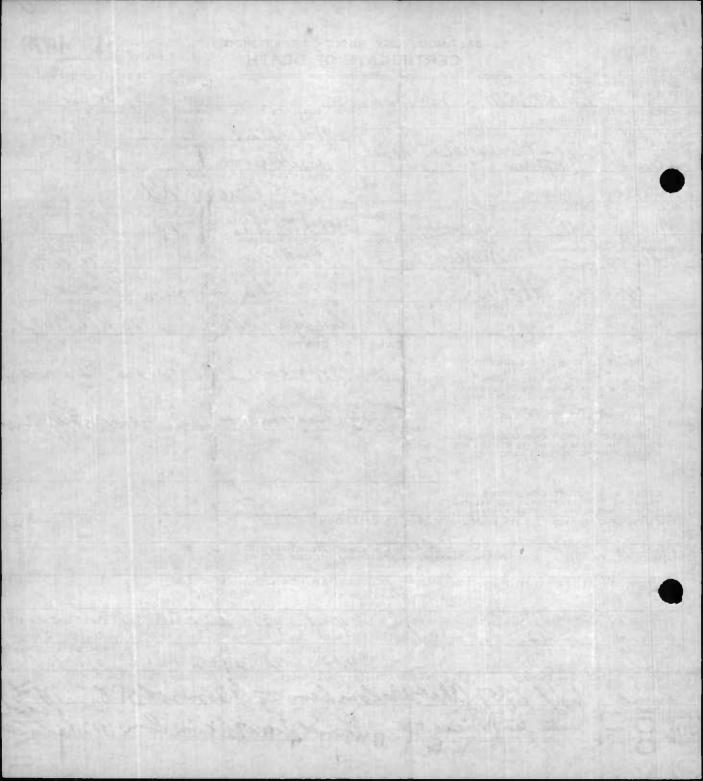


vs 150

#### BALTIMORE CITY HEALTH DEPARTMENT

51 /079

1	4879	CERTIFICATI	E OF DEATH	Registered No.	4070
-	RTH NO.			2 DATE	1
	ype or Print)	SALOMON		2. DATE OF DEATH 5/30	/51
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W)	here deceased lived. If institute B. COUNTY	ition : residence before admission)
H	COLUMN TO THE TAX ASSESSMENT OF THE PARTY OF	stitution, give street address or (location)	c. CITY OR JOWN (If o	outside corporate limits, writ	
11/4	370 6 Mount Court	dicen your	Baltemore	7-1-1	( township)
10	The state of the s	7 4 Yrs.	D. STREET ADDRESS (If r	ural, give location)	
c.	Length of stay in Baltimore	Mos. Days	5725 Kaus	ry Rd.	
5.		NGLE, MARRIED.	8. DATE OF BIRTH	AGE (in years   H Under   last birthday)   Months; I	
	1VI. W. W.	DOWED, DIVORCED (Specify)	March 10, 1878	74	
	done duping most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		HAT COUNTRY?
13	FATHER'S NAME	- julyer	14. MOTHER'S MALDEN NA	MF .	1.017.
	Samuel Salom	on CLOTHING (7)	Bertha Sa	Lowon Col	lens
15 Yes	. WAS DECEASED EVER IN U.S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO.	17 INFORMANT //	ADDRE	ss / n
	no no	SECORITI NO.	Evelyn / uble	n 5725 Ka	uny Rd.
	1B. 420.0	CAUSE	OF DEATH		NTERVAL BETWEEN
	DISEASE OR CONDITION DIREC	TLY Q.	Dan H	1 . /	211
	(This does not mean the mode of dying		coronary in	romosto	24 hour
	heart failure, asthenia, etc. It means the c injury or complication which caused	death.) DUE TO			
	ANTECEDENT CAUSES	111	Thisallastia	last digran	211601
Z	DISEASES OR CONDITIONS, IF ANY,	(B)	MORCHANOLICE M	ears curease	Sycare
Ĭ	RISE TO THE ABOVE CAUSE (A) STATIS UNDERLYING CONDITION LAST,	NG THE DUE TO			0
C	UNDERETHING CONDITION LAST.				
4	11	(C)			
2	OTHER SIGNIFICANT CONDITIONS				
ü	TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS		•••••••••••••••••••••••••••••••••••••••		
	19A. DATE OF OPERATION 19B. MA	JOR FINDINGS OF OPER	ATION		20. AUTOPSY?
S	ACCIDENT CHICIDE	. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (lf	in Baltimore City, give ex	YES NO
EDI		home, farm, factory, atreet, office bldg., e		in Daitimore Oxy, give ex	tact location)
Σ	TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
	YAULNI	m. WHILE AT NOT WHILE			
П	22. I hereby certify that I attended	the deceased from	april , 1949, to Mile	ay 30, 1951, tha	t I last saw the
	deceased alive on May 29, 195	L. and that death occur			
8	23A. SIGNATURE		3B. ADDRESS)		DATE SIGNED
	Gernard / Jurgen	м. р.	121 Tels Wis low	on Ma. 3	130/5/
24 TL	AA. BURIAL, CREMA- ON, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 240.1LC	CATION (City, town, or obt	unty) (State)
V	wal 6///19	1 akes sholo	a semetry O's	mello	11,00
D	ATE RECEIVED BY REGISTRAR'S SICH	NATURE	25 FUNERAL PRECTOR	a ADD	RESS



# CERTIFICATE OF DEATH Registered No. 4880

BIRTH NO. TOO	- O. DEATH				
1. NAME OF DECEASED Irving (Type or Print)	2. DATE				
nenry . Stanley	OF May 29,1951				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Rolling Control of the Management	Maryland anne armedit				
INSTITUTION DALLIMOTE CITY ADSPITALS					
4940 Eastern Avenue	Paltimore				
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
c. Langth of stay in Baltimore Days	Crownsville State Hospital				
WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH  9. AGE (In years   M Under 1 Year   M Under 24 Hours   Min.				
Male Negro Single	Sept. 26, 1909 41				
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR park done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
Never employed	Baltimore, Maryland WHAT COUNTRY?				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
George L. Stanley	Rosa King				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no nr nnknnwn) (If yes, give war nr dates of service) SECURITY NO					
SECURITY NO.	Records: 4940 Eastern Avenue				
18. 570 S CAUSE	OF DEATH INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH				
(This does not mean the mode of dying, e.g., (A) Generalized peritonitis, undetermined Unknown					
heart failure, asthenia, etc. It means the disease,					
injury or complication which caused death.) DUE TO					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING					
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	ISE (A) STATING THE OUE TO				
(c)					
OTHER SIGNIFICANT CONDITIONS CON-					
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER	ATION   20. AUTOPSY?				
5-28-51 Intestinal Obstruc	tion YES NO X				
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bidg., o					
CAUSE OF DEATH					
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRENJURY	2 IF. HOW DID INJURY OCCUR?				
m. WHILE AT NOT WHILE					
	-28 , 19 5] to 5-29 , 19 5], that I last saw the				
deceased alive on 5 20 10 53 and that death seems	red at 9:20pm., from the causes and on the date stated above.				
23A. SIGNATURE	38 ADDRESS				
I.S. Object M.D.	4940 Eastern Avenue 5-30-51				
24A. DUNIAL, CREMA! 24B. DATE / 240. NAME OF CEMETER	RY OR CREMATORY   24D. LOCATION (City, town, or county) (State)				
TION, REMOVAL (Specify) June 3-/90 (RT L. Trans	me of Re Back md				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS				
LOCAL REGISTRAR	1 Tendral, 1515 maxel				
MAT 3 1951	en preference " uaung I				
VS 150	9 9 1 4				
	12212				

of guld collaboration MARKET AND THE PERSON FREE LEVEL PRINCE POR LES EST

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

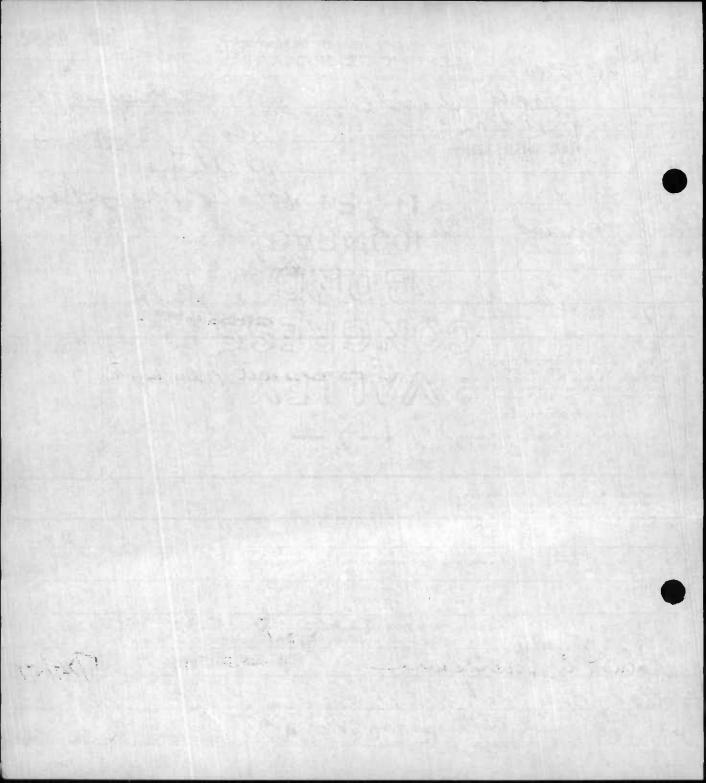
51 4881 Registered No\_

	-000	ll.
BIRTH	NO.	

(T	ype or Print)	Albertu	.Tucl	ker		OF DEATH 5-	30-51
A.		City, Maryland			4. USUAL RESIDENCE (W	here deceased lived, If i	before admission)
B. He	FULL NAME OSPITAL OR	OF (If not in hosp Balt. Eye	Ear +	ion, give street address or	c. CITY OR TOWN (If	outside corporate limits	write ROBAL and give
1	114 Eut	aw Place		tosp.	Baltimore	20	township)
4	Toward to a C a	1		Yrs. Mos.	D. STREET ADDRESS (If		Street.
	SEX	tay in Baltimore		Days			
	M	6. COLOR OR RACE	WIDOW	E. MARRIED, VED, DIVORCED (Specify)	6-29-86	last by thday) Mor	Under 1 Year If Under 24 Hours this Days Hours Min.
Worl	done during most	CUPATION (Give kind of working life, even fretired	yann	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	1	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S	NAME	7	Jula . Pa.	14. MOTHER'S MAIDEN NA	4 4	
	ALLE	N C.	luc	KEK	ROSETTA W	EIDERA	
(Ye	, no or unknown)	ED EVER IN U.S. ARM (If yes, give war or da	ED FORCES? les of service)	16. SOCIAL SECURITY NO.	albert D. Du	cker 37/6	Philu. Pa
	18. 19	16 X .		CAUSE	OF DEATH	0.0	INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY	n	hologranes ?	naudible	-   -   -
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
	injury or	complication which	caused death	n.) DUE TO	7 , 1		0
		ANTECEDENT CAL	SES		or aches tomy		2000
O	DISEASES OR CONDITIONS, IF ANY, GIVING						
ATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
FIC.	(c) Caroro-regratory faibule 2 hours.						
RTI	OTHER SIGNIFICANT CONDITIONS CON-					-	
CEF	TRIBUTING	G TO THE DEATH, BU	T NOT RELAT	ED			
-	194. DATE OF OPERATION , 198. MAJOR FINDINGS OF OPER				ATION		20. AUTOPSY?
AL	5/ 28/5	/.	Trache	otomy for	respiratory Obs		YES NO
DICA	HOMICIDE	ENT, SUICIDE. (Specify)	218. PL/ about home,	ACE OF INJURY (e. g., i	n or 21c. WHERE DID (I	f in Baltimore City, g	ive exact location)
ME							
	TIME	(Month) (Day) (Yea:	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
			m.	WHILE AT NOT WHILE AT WORK			
	22. I hereby certify that I attended the deceased from 5/2 7/51, 19, to 5/30/51, 19, that I last saw th						
		live on 5/30/3	51, 19,		red at 12:04 m., from th	he eauses and on th	
	23A. SIGNA	m 1.			3B. ADDRESS 3alt. Eye EartThr	art blaca	23c. DATE SIGNED 5/30/54
2,	110	CREMA- 248. DATE		M. D.   . 24c, NAME of CEMETE		CATION (City, town,	
THE	N. REMOVAL (S	gecify) ture	2/5/1	Good Shept	und Cera So	irkland	. Ind.
	ATE RECEIVE		TARIE PE	Huand, Mal	25 FUNERAL DIRECTORY	13 0	ADDRESS
	11V 2 1 1	951	-	A CONTRACTOR OF THE PARTY OF TH	vary Hout	e Mios Ed	mondson
7	VS 150	001		73.0	-0		1 E D Que
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6	130						1000
7	4882				ALTH DEPARTMENT	Registered No	1 4882
BI	RTH NO.	51-03900		CERTIFICATI	E OF DEATH	registered ive	
	NAME OF D	ECEASED FAC	he 1	Quitt		2. DATE OF DEATH WAY	29,1951
Α.		City, Maryland	d. H.	Hyw	4. USUAL RESIDENCE (	Where deceased lived, If in B. COUNTY	stitution: residence before a de ission)
HC	SPITAL OR STITUTION			n, give street address or location)	c, CITY OR TOWN (I	f outside corporate lingle	write RURAL and give township)
7	3			Yrs.	D. STREET ADDRESS (III	f rural, give lifation)	0
		tay in Baltimore		Mos. Days	10/6/	St. Pear	ge/Coad
7	Nale	6.00 LOR OR RACE		MARRIED, ED DVORGED (S G)(y)	2-19-51		hs Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or 1	foreign country)	2. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S N	JAME LIE	Den	th	14. MOTHER'S MAIDEN N	Dill	
15 (Yes	. WAS DECEASE , no or unknown)	O EVER IN U.S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	PRINS KOSPITAL ADI	DRESS
CERTIFICATION	(This does heart failu injury or DISEASES RISE TO T UNDERLY	SE OR CONDITION LEADING TO DEAT not mean the mode ore, asthenia, etc. It means complication which complication which complication which complication which complication which complication which complication with the above cause (a) Ing Condition Laurian Condition to the death, but to the death, but the sease or condition to the complication of the complete com	TH f dying, e. g., ns the disease, aused death.)  ES  F ANY, GIVING STATING THE ST.  TIONS CON- NOT RELATED	(B)	rumoroccal	meningik	ONSET AND DEATH
	the second second			FINDINGS OF OPER	ATION	700 - 30 FE	20. AUTOBUT?
EDICAL		ENT WAS UNDER. R CONTRIBUTING		CE OF INJURY (e. g., in rm,factory,street, office bldg.,e		(If in Baltimore City, given	
M	INJURY	Month) (Day) (Year)	w	1E. INJURY OCCURRI		Y OCCUR?	
24	deceased al	ive on 5-240	ended the c	leceased from	2/- ,195/, to red at 2: 30 m., from 3B. ADDRESSIS HOPKIN	the causes and on the	date stated above.  23c, DATE SIGNED  126/51
D	ATE RECEIVED CAL REGIST	O/8//			25 EUNERAL DIRECTOR	allo	ADDRESS 300
	MAY 311	951	ALL LIN	haus, Not 0	18/18/18/11/18-1	TLOURANN Y	Laksored 4
	VS 150		- 1 . m. 2			8	al



24c, NAME OF CEMETERY OR CREMATOR

V-31-51

ADDRESS

LOCATION (City, town, or county)

24A. BURIAL CREMA-TION, REMOVAL Specify)

DATE RECEIVED BY

LOCAL BEGISTRAR

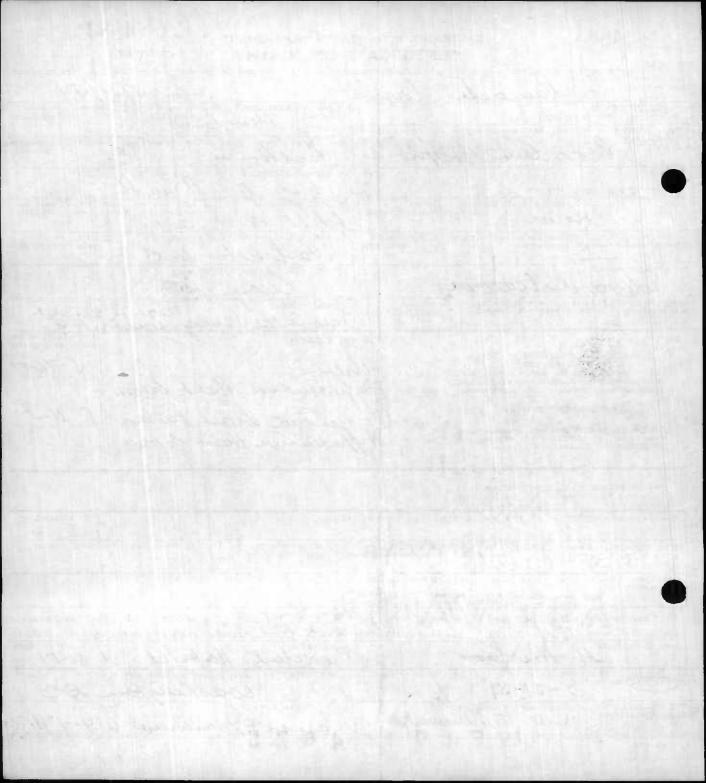
CREMA-

248 DATE

5-31-5

REGISTRAR'S SIGNATURE

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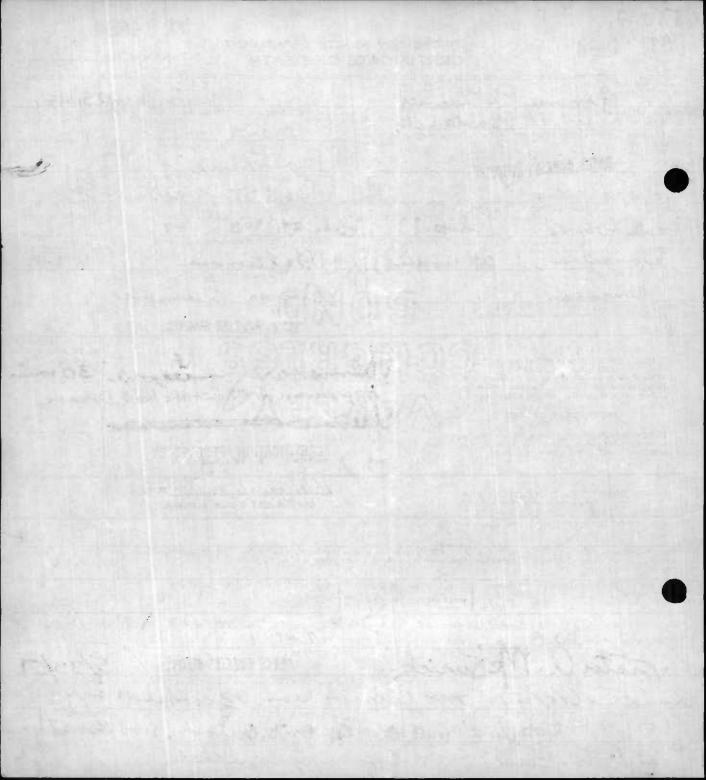


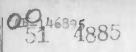
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4884

Registered No.

1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN township MANS ROPLIES HOSPITAL Manne (If rural, give location) Yrs. D. STREET ADDRESS Mos c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) Dec. 24, 1903 whenes 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done suring most of working life, even if retired) INDUSTRY WHAT COUNTRY? mentic - 8 - M. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unemown was 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. LATTERN SELECT SEELES 18. INTERVAL BETWEEN CAUSE OF DEATH 420.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CHIEF OR ASST. MEDICAL EXAMINER. TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 1 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! WORK AT WORK 22. I hereby certify that I attended the deceased from Do A , 19 , to may 28 , 1951, that I last saw the and that death occurred at 7: 10 f.m., from the causes and on the date stated above. deceased alive on DO A 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burne DATE RECEIVED BY 25 FUNERAL DIRECTOR LOCAL REGISTRAR



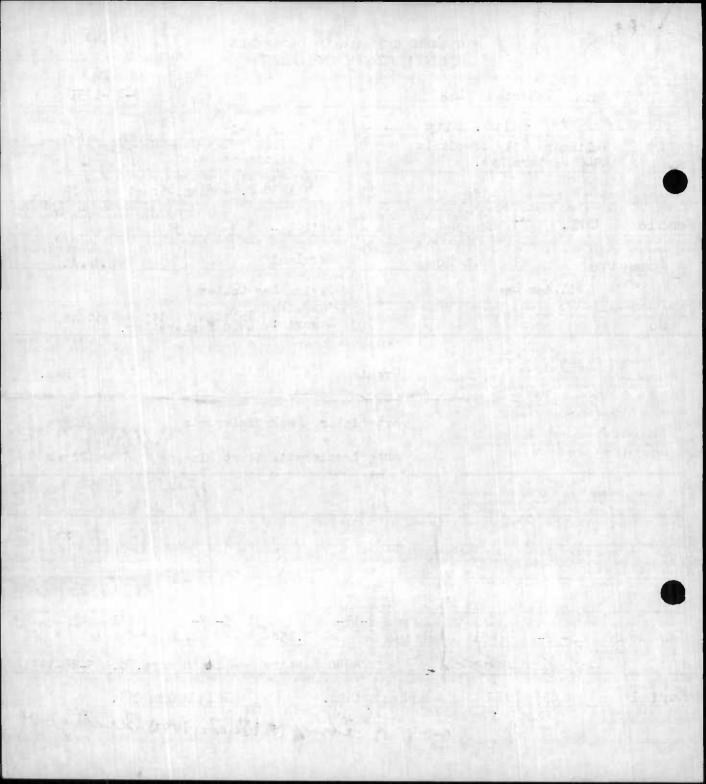


## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4885

Registered No.

BIRTH NO.					
I. NAME OF DECEASED (Type or Print) Ruth	Roberta	Lee		2. DATE OF DEATH 5-2	27-1951
	land Balto t in hospital or institutore City Hosp astern Ave.	City ion, give street address or pitals location)	4. USUAL RESIDENCE (VA. STATE Maryland C. CITY OR TOWN (If Baltimore	B. COUNTY	f institution : residence before admission) ts, write RIRAL and give township)
c. Length of stay in Balt	7.0	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location) ring Street	zo ne 13
5. SEX 6. COLOR COL.	R RACE   7. SINGL	E. MARRIED.	8. DATE OF BIRTH April 25- 1899	9. AGE (in years)	if Under 1 Year on the Days Hours Min.
10A. USUAL OCCUPATION ( work done during most of working life, ev  13. FATHER'S NAME	Give kind of 10B. KIND en if retired)	O OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or for Maryland		12. CITIZEN OF WHAT COUNTRY?
Wil	liam Lee		14. MOTHER'S MAIDEN N. Savina Lee Coat		
15. WAS DECEASED EVER IN U (Yes, no or unknown) (If yes, give	, S. ARMED FORCES? war or dates of service)	16, SOCIAL SECURITY NO.	Records: 4940	more City Ha Eastern Ave	
DISEASE OR CON LEADING (This does not mean theartfailure, asthenia, injury or complication	etc. It means the diseas	g., (A) Uremia	OF DEATH		NTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDI	NG HE OUE TO	olar Nephroseler		10yrs 20yrs	
OTHER SIGNIFICAN' TRIBUTING TO THE DE	CONDITIONS CONTINUES THE	ED			
19a. DATE OF OPERATI		FINDINGS OF OPER	RATION		20. AUTOPSY?
21a. ACCIDENT WAS L LYING OR CONTRIB		ACE OF INJURY (e. g., in farm, factory, street, office bldg., s		f in Baltimore City,	give exact location)
TIME (Month) (Da		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
22. I hereby certify to deceased alive on 5=	hat I attended the	and that death occur	9- , 19 51 to 5- rred at 3.152 m., from t 38. ADDRESS 940 Eastern Ave.,	he causes and on t	23c. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 5	1 - 1-	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L		n, or county) (State)
DATE RECEIVED BY REC	ISTRAR'S SIGNAT	A STATE OF THE STA	Eling Of Wild	in 1000 Be	antly are
VS 150		7200	4		12.10

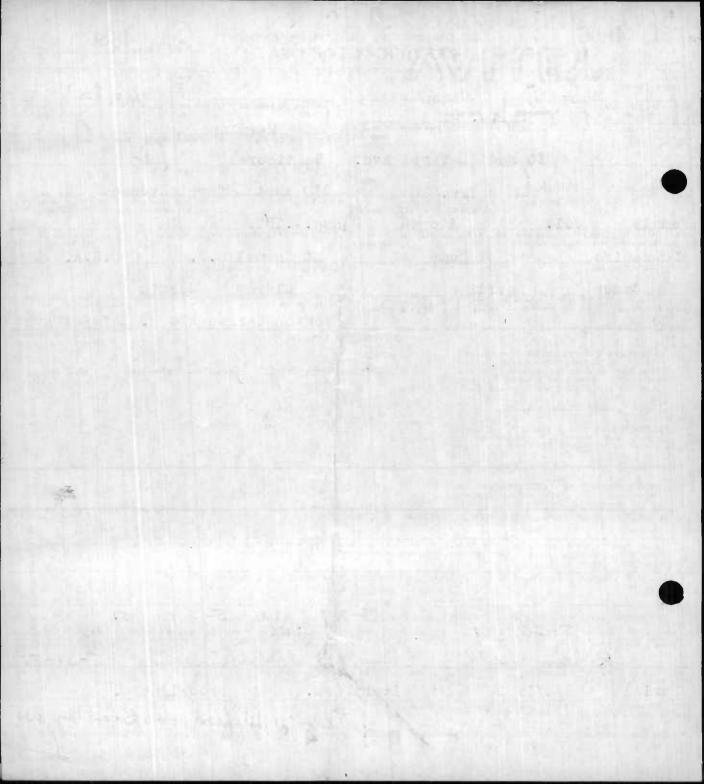


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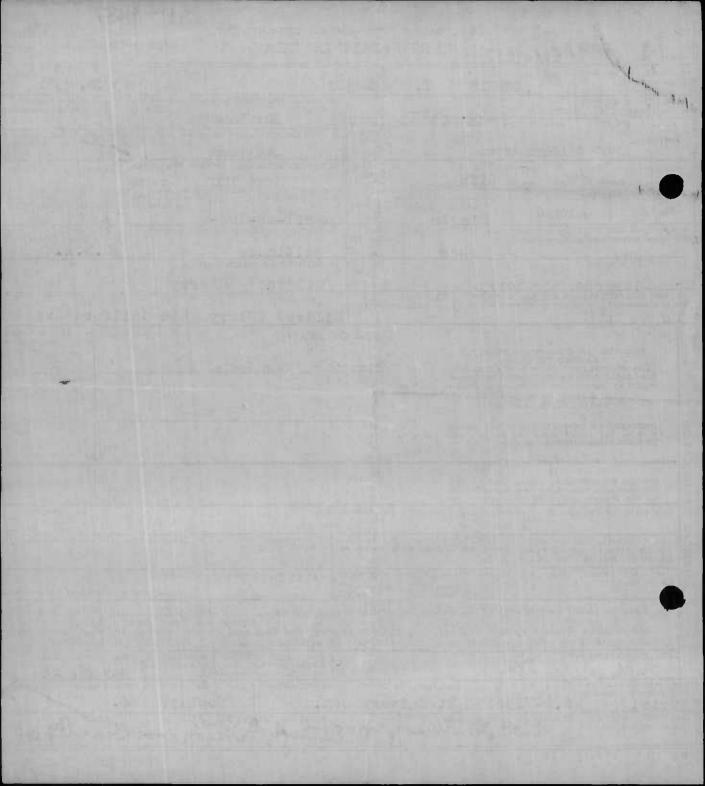
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4886 Registered No.

BIRTH NO.	- OF DEATH Registered NO.				
1. NAME OF DECEASED	10 DATE				
(Type or Print)	2. DATE OF				
Mary Cason	DEATH 5/29/1951				
A. Baltimore City, Maryland Balto. City	4. USUAL RESIDENCE (Where deceased lived, If institution: residence  A. STATE  B. COUNTY  before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland				
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits Write RURAL and give township)				
210 East Lafayet Ave.	Baltimore				
Yrs.	D. STREET ADDRESS (If rural, give location)				
congth of stay in Baltimore 9 yrs.	210 East Lafayet Avenue				
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours				
WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min.				
TOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	Aug. 1. 1879 71  11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
work done during most of working life, even if retired) INDUSTRY	WHAT COUNTRY				
Housewife At Home	Mt Carmel S.C. U.S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
James Morris	Clara Mortin				
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL					
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.					
No	Preston Carson 210 E. Lafayet Ave				
18. 4/20.1 CAUSE C	OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY	A DEATH				
1 FADING TO DEATH	many thrombosis 6 days				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	mary thrombosis 6 days				
injury or complication which caused death.) DUE TO	0				
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING					
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
L.					
OTHER SIGNIFICANT CONDITIONS CON-					
TRIBUTING TO THE DEATH, BUT NOT RELATED					
1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA					
<u> </u>	YES NO L				
21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., et	or 21c. WHERE DID (If in Baltimore City, give exact location)				
	MSORT OCCURT				
21D. TIME (Month) (Day) (Year) (Hour)   21E, INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?				
INJURY WHILE AT NOT WHILE					
m. WORK AT WORK					
22. I hereby certify that I attended the deceased from 5-	27 , 1981, to 5-29 , 1951, that I last saw the				
deceased alive on 5-28, 1951, and that death occurred at 3:454m., from the causes and on the date stated					
	3B. ADDRESS.   23c. DATE SIGNED				
(00)	718 DOLL 9 5-31-51				
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	TY OR CREMATORY 24D. LOCATION (City, town, or county) (State)				
TION, REMOVAL (Specify)					
Burdal 6/2/1951, Lit Calvery					
DATE RECEIVED BY   REGISTRAL'S, SIGNATURE	25 FUNERAL DIRECTOR ADDRESS				
LOCAL REGISTRAR	Elioyo Wilson 1000 Brantly and				
	0 4 18 7 0				
VS 150					



151



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) M. JOSEPH. DEATH May 30. 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, It institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township St. Agnes! Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. gth of stay in Baltimore 3307 Bateman Ave. (16) Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. Male 9.3.1877 Married 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTRY? Retired Deleware 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO no 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CORONARU

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

ARTERIOSCLEMOTIC CARRIED DUE TO UASCULAR DISEASE (C) .....

H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

196Z, to.

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE

22. I hereby certify that I attended the deceased from.

deceased alive on 5/ 30, 1967, and that death occurred at 2. 40 m., from the causes and on the date stated above. 23A. SIGNATURE

24A. BURIAL, CRÉMA 24B. DATÉ 24C. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify)

LOCATION (Oity, town, or county)

23c. DATE SIGNED (State)

3 1 . 1957, that I last saw the

DATE RECEIVED BY

21A. ACCIDENT WAS UNDER.

CAUSE OF DEATH

INJURY

LYING OR CONTRIBUTING

5. FUNERAL DIRECTOR

ADDRESS

20. AUTOPSY

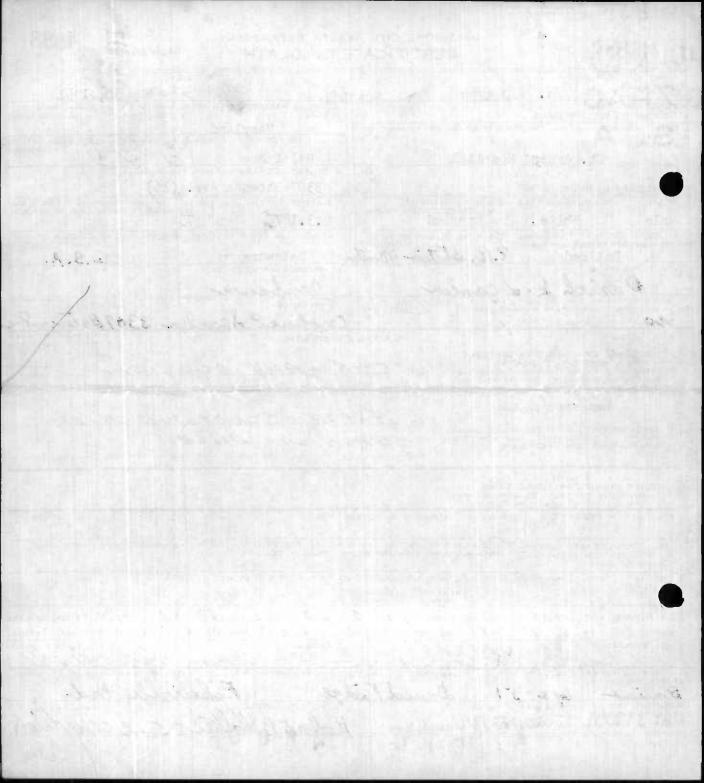
YES

(If in Baltimore City, give exact location)

Augelala2

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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4889

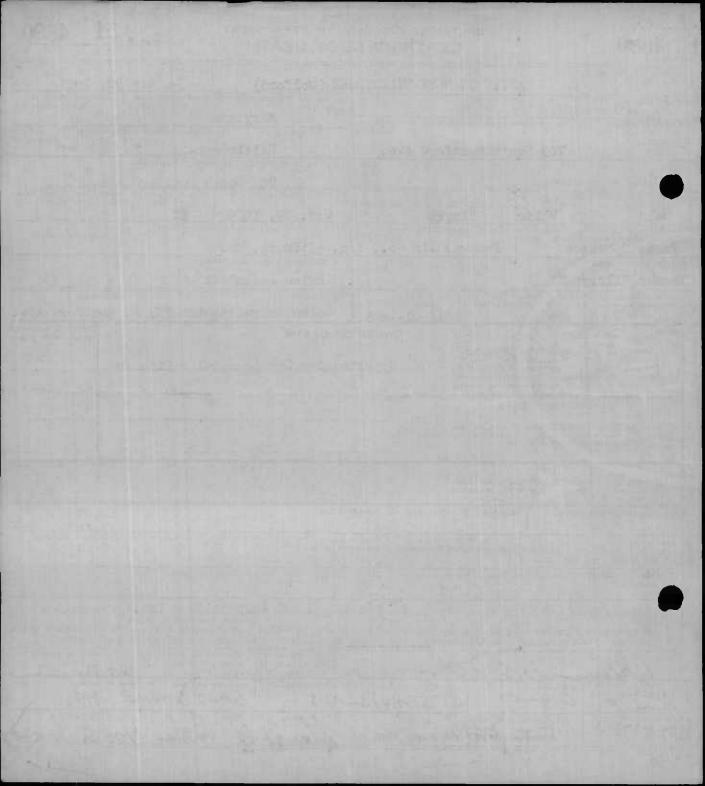
B	RTH NO. 180	39	C	CERTIFICATI	E OF DEATH	Registered No	0
1.	NAME OF D 'ype or Print)		Ecks	torm		2. DATE OF DEATH MAN	29-1951
3.	PLACE OF D Baltimore (	EATH: City, Maryland 2	12 N. EL	LWOOD AVE.	4. USUAL RESIDENCE (V		stitution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospi	tal or institution	n, give street address or location)	8	outside corporate Vinits,	waith RVRAL and give township)
c.	Ligth of s	tay in Baltimore	,	Yrs. Mos. Days		rural, give location)	VE
_	SEX	6. COLOR OR RACE	WIDOWE	D, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years H	ths Days Hours Min.
10		CUPATION (Give kind of working life, even if retired	I 10B. KIND	OYV G D  OF BUSINESS OR  INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S N	NAME	1 1	HOME	14. MOTHER'S MAIDEN N.	AME	
1 5 Ye	5. WAS DECEASE se, no or unknown)	D EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	16 KLEIN	DRESS AYE
ILLICATION AND AND AND AND AND AND AND AND AND AN	(This does heart failu injury or DISEASE:	SE OR CONDITION LEADING TO DEA not mean the mode ire, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS, HE ABOVE CAUSE (A YING CONDITION 1	ATH of dying, e. g., ans the disease, caused death.) SES IF ANY, GIVING ) STATING THE	DUE TO (B)	TERIOSCLEROTIC RTERIOSCLEROS		
と記と	TRIBUTING	SIGNIFICANT CONE TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED				
AL	19A. DATE C	F OPERATION	198. MAJOR I	FINDINGS OF OPER	RATION		YES NO
FUIC	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)		E OF INJURY (e. g., i m,factory,street,officebldg.,		If in Baltimore City, gi	ve exact location)
Σ	O, TIME INJURY	(Month) (Day) (Year	WH	TE. INJURY OCCURR HILE AT WORK AT WORK		Y OCCUR?	
	22. I hereb	y certify that I at live on 5/29/5		eceased fromnd that death occur	9/21/48,19, to_ rred at 3P. m., from t	$\frac{5729/5}{,19}$	, that I last saw the e date stated above.
	23A. SIGNA	Bessi . O	3. More	3 M.D. 4	448 U. Lagere		23c. DATE SIGNED
2	ON, REMOVAL (S	Specify)	- K- 1	3 LLT) MINR	E CEM. NOR	-11-111 1-	THORE MD
DI	ATE RECEIVE		SIGNATUR		25. FUNERAL DIRECTOR	2435 6	ADDRESS St

HHEN The one are 

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

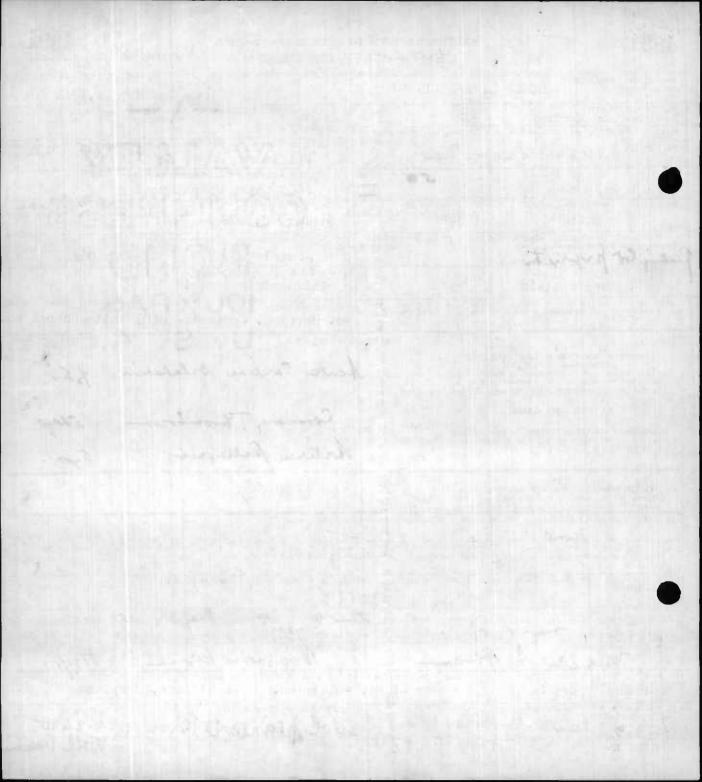
T Registered No. 1 4890

B	IRTH NO.						
	NAME OF DECEAS		TANLEY WILCZYNS	SKI (Wolford)	OF May 3	0. 1951	
	PLACE OF DEATH: Baltimore City, N		TAMBLE WELLOWING	4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	nstitution: resibefore ad	
H	FULL NAME OF OSPITAL OR ISTITUTION	(If not in hospital or instit	ution, give street address or location)				
0	13111011011	703 South Mo	ntford Ave.	Baltimon		-00	O W HSHIP)
			Yrs. Mos.	D. STREET ADDRESS (If			
C.	eth of stay in		Days	8. DATE OF BIRTH	th Montford A	Ve. Under I Year   If Us	der 24 Hours
٥.	Male		LE, MARRIED. WED, DIVORCED (Specify) Ingle	Oct. 27, 1909	last birthday) Mon		
	A. USUAL OCCUPATE Red Decrete Press Operation	g life, even if retired)	ral Tin Co., In	11. BIRTHPLACE (State or for c. Baltimore, Md.	reign country)	12. CITIZEN C WHAT CO	
10	FATHER'S NAME		(ONTAINEN (M)	14. MOTHER'S MAIDEN NA	AME		
1	Thomas Wilczy			Helen Jaskulsk	ci		
	5. WAS DECEASED EVER	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ΑC	DRESS	
		No	214-01-1665	Helen Szurmasze	wicz 703 S. 1	Montford	Ave.
ERTIFICATION	(This does not me heart failure, astiniury or complication of the last of the	DING TO DEATH nean the mode of dying, e- nenia, etc. It means the disc ication which caused des CEDENT CAUSES CONDITIONS, IF ANY, GIV- OVE CAUSE (A) STATING CONDITION LAST.  II ICANT CONDITIONS CHE DEATH, BUT NDT RELA	ase, th.) DUE TD  (B)  TING THE DUE TO  (C)	tensive Cardiovaso	ular Disease		
CE	19A. DATE OF OPE	RATION   198, MAJO	R FINDINGS OF OPER	ATION		20. AUT	OPSY?
Ļ		0				YES	ND X
EDICAL	21A. EXTERNAL CAUSE	OR CONTRIB. about hom	LACE OF INJURY (e. g., in e, farm, factory, street, office bldg., e		if in Baltimore City, g	ive exact locat	ion)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK							
	the evidence	obtained by said Au	topsy, Inspection or I from: natural causes	Inquiry, find that said do ∑X, accident □. suicide 23B. CHIEF MEDICAL ASSISTANT MEDICAL	eceased died on the	ndetermined DATE SIGN	d above
2	4A. BURIAL, CREMA-			.D.   MEDICAL INVESTIGAT RY OR CREMATORY   24D. L			(State)
TI	ON, REMOVAL (Specify)	6-4-51	STSTANISL	AUS BA.	LTIMORE	119	
D	PAY 3 6 1 1 1 1	REGISTRAR'S SIGNAT		25. FUNERAL DIRECTOR	Weles 70	ADDRESS ON	n st
V	S 151	. B 1	mont Co	30	•	025	
			670	SD ;		7271	



100-	EALTH DEPARTMENT 01 4891				
BIRTH NO. CERTIFICAT	E OF DEATH Registered No.				
1. NAME OF DECEASED (Type or Print) MOSES L. EPSTEIN	2. DATE. OF DEATH May 31, 1951				
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission				
B. FULL NAME OF (If not in hospital or institution, give street address or location)  A O 3501 White Chapel Road	·   ·				
Yrs. Mes.	D. STREET ADDRESS (If rural, give location)				
c. Light of stay in Baltimore Days 5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	3501 White Chapel Coad   8. DATE OF BIRTH   9. AGE (In years   M Under I Year   M Under 24 Hours				
Male white WIDOWED DIVORCED (Specify)	January 8,1876   last birthday)   Months Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of or the done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  Russia  12. CITIZEN OF WHAT COUNTRY				
Samuel Epstein	14. MOTHER'S MAIDEN NAME Whilheminia Epstein				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS APPRESS				
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Cormany Thrombris 5 days Arteres Selevores 5495.				
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	PATION 20. AUTOPSY?				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21B. PLACE OF INJURY (e. g., in or INJURY OCCUR?  CAUSE OF DEATH  (If in Baltimore City, give exact location) INJURY OCCUR?					
ZID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK					
deceased alive on 7, 1951, and that death occur	red at 7304m., from the causes and on the date stated above				
michael A. Abrama M. O.	18 no Entru place 23c. DATE SIGNED 5/3//07				
24a. BURIAL, CREMA- 100. REMOVAL (Specify) 6/1/51 24c. NAME OF CEMETER Har Sinai,					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25) FUNERAL DIRECTOR ADDRESS				
VS 150	North Comme				

Sol. plynton Bros - 1124-26 W.
North annual 94a



155 51 4892

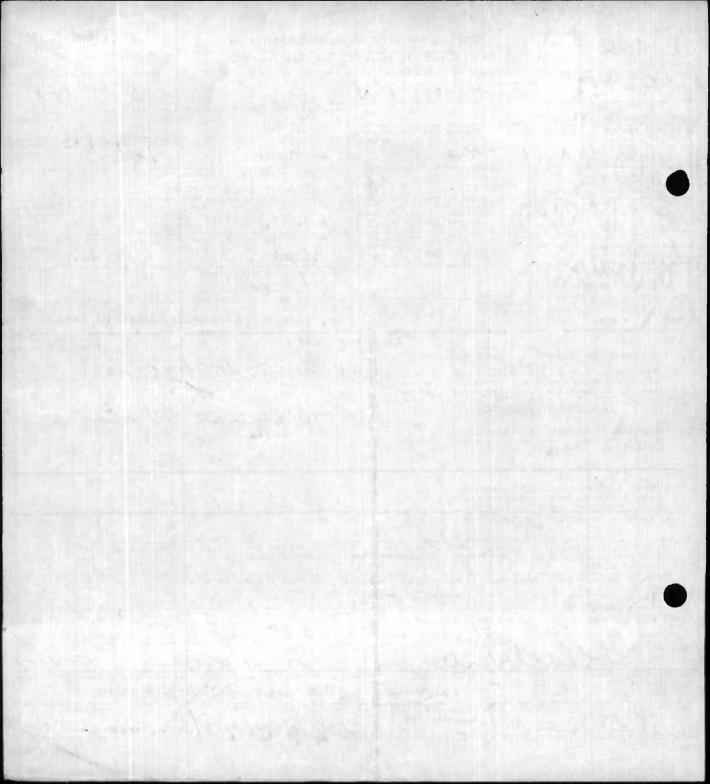
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 4892

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ETIA DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. ŞŢATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write HODAL and give C. CITY OR TOWN INSTITUTION (400) baltimore township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. 50 yrs. 3133 Oakford Avenue ngth of stay in Baltimore Days 5. SFX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months Daya Hours Min. Aug. 12, 1887 Married IOA JUSUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY USA. own home Lithunia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Carmel Bella Cohen 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO Mr. Joseph Hoffman-3133 Oakford Avenue 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Myocordial Marchon LEADING TO DEATH (This does not mean the mode of dying, e.g., CAL heart failure, asthonia, etc. It means the disease. injury or complication which caused death.) DUF TO ANTECEDENT CAUSES RTIFICATION (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT EDICAL NO 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from\_ , 19\_, that I last saw the and that death occurred at 2207n., from the causes and on the date stated above, deceased alive on 5 195/ 23A. SIGNATURE 23B, ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) 6/1/51 Sodova Congregation CemeterBaltimore, Maryland burial REGISTRAR'S SIGNATUREHETTING "UNI DATE RECEIVED BY 20 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

VS 150

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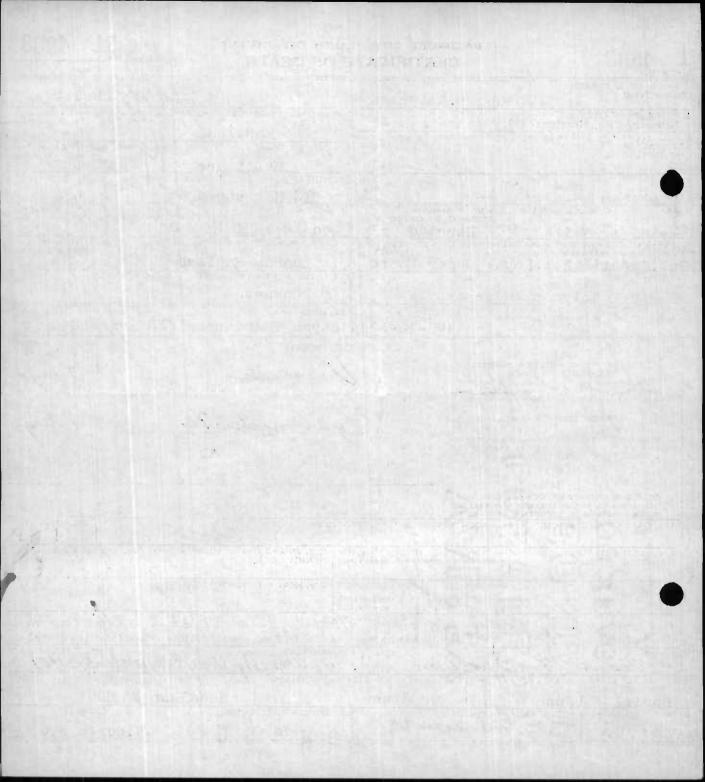


53	6
51 BIRTH	4893

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4893

BIRTH NO.		OLIVIN TOATE			
1. NAME OF DECEASED (Type or Print)	Joseph I	.Anderson		OF May	29 1951
3. PLACE OF DEATH: A. Baltimore City, Mary	land 613 Hon	estead St	4. USUAL RESIDENCE (W	here deceased lived. If B. COUNTY	institution: residence before admission)
B. FULL NAME OF (If no HOSPITAL OR INSTITUTION	t in hospital or institut	on, give street address or location)			
c. Length of stay in Bal		50 Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 613 Homestead St		
Male Whi	te Widow	. MARRIED, ED, DIVORCED (Specify) rried	Dec 16 1884	last birthday) Mc	If Under 1 Year   It Under 24 Homs on the Days   Hours Min.
	(Givekind of 10B. KIND en if retired) ep.Loyal Or	INDUSTRY	11. BIRTHPLACE (State or for London Eng.	land	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Solo	mon Anderso	n	Unknown	AME	
15. WAS DECEASED EVER IN L (Yos, no or unknown) (If yes, give	J. S. ARMED FORCES? war or dates of service)	16. SOCIAL SECURITY NO. 478-18-5344	17. INFORMANT Sarah V Ander		DDRESS mestead St
LEADING (This does not mean it heart failure, asthenia, injury or complication  ANTECEDE  O DISEASES OR COND RISE TO THE ABOVE OF UNDERLYING COND  UNDERLYING COND  OTHER SIGNIFICAN TRIBUTING TO THE DE	etc. It means the diseasen which caused death INT CAUSES ITIONS, IF ANY, GIVIN LAUSE (A) STATING TO ITION LAST.  IT IT CONDITIONS CON LATH, BUT NOT RELATI	(B)		Zis	3 days
19A. DATE OF OPERATI		FINDINGS OF OPER		ENTERN N	20. AUTOPSY?
21A. ACCIDENT, SUICIE HOMICIDE (Specify)  To Time (Month) (De Injury)	about home, f	CE OF INJURY (e. g., in arm, factory, atreet, office bldg., c	ED 21F. HOW DID INJURY	f in Baltimore City,	give exact location)
22. I hereby certify to deceased alive on 23A SIGNATURE	hat I attended the	deceased from 3	1/26, 1951, to red at 2:45 Pm., from the 3B. ADDRESS 749 Waverly U	he causes and on t	23c. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify)		Woodlawn	RY OR CREMATORY 240, LO	ocation (City, town	, or county) (State)
	GISTRAR'S SIGNATI	RE MAN 9	arma ( Septe	1600 W.N	ADDRESS
VS 150	4 4 4	260 8X			133a



3	50	
INI	1894	
DIDT	H NO	

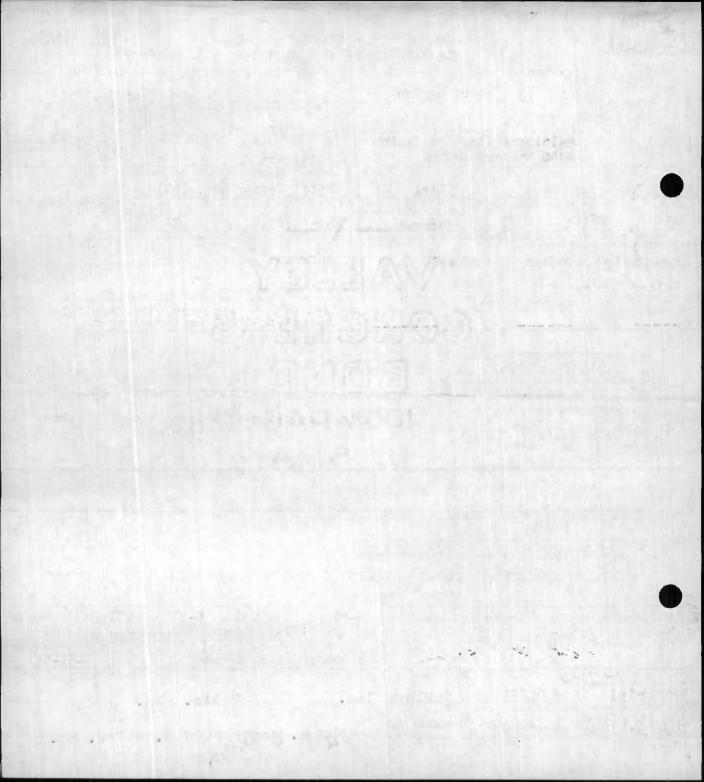
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF Robert Hayden DEATH May 31,1951 4. USUAL RESIDENCE (Where deceased lived, If institution, residence
a. STATE

B. COUNTY

before admission) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR Baltimore City Hospital Scation) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 4940 Eastern Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 5001 Foster Ave. (24) gth of stay in Baltimore Life Davs 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. Male White June 4.1918 Divorced 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland Sheetme tal Worker 14. MOTHER'S MAIDEN NAME Walter Hayden Catherine 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16 SOCIAL 17. INFORMANT Baltimore City Mosbffals (Yes, no or unknown) SECURITY NO 4940 Eastern Avenue Records: INTERVAL BETWEEN CAUSE OF DEATH 581.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 24 Hrs. Shock (This does not mean the mode of dving, e.g., heart failure, asthonia, ctc. It means the disease, injury or complication which caused death. DUE TO ANTECEDENT CAUSES Chronic Alcoholism with Hepatitis Unknown RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from 5-30 , 1951, to 5-31 , 19 51 that I last saw the \_\_\_\_\_, 19\_51, and that death occurred at 9:20 a.m., from the causes and on the date stated above. deceased alive on 5-31 23A. SIGNATURE 23B ADDRESS 23c. DATE SIGNED 4940 Eastern Avenue 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE Oaklawn Cem Balto. Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

3000 E. Balto. St.

124a

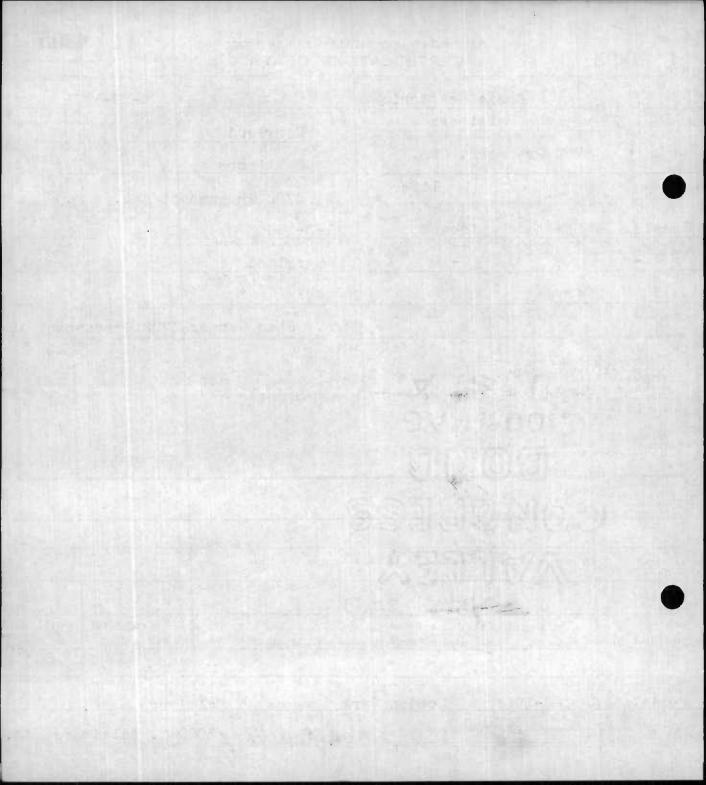


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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4895 Registered No.

BIRTH NO.	000	- 0.00	CLIVIII ICAI	L OI DEATH				
1. NAME OF (Type or Print)					2. DATE			
Rosie Heatterich				OF DEATH 5-29-1951				
S. PLACE OF DEATH:  A. Baltimore City, Maryland Baltimore				4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or			11					
HOSPITAL OF	3702 Gre	nmoun	t Ave.	C. CITY OR TOWN (If outside corporate limits, white LURAL and give				
() 0			Baltimore (L township)					
life Yrs.			D. STREET ADDRESS (If rural, give location)					
c. Lagth of stay in Baltimore Days			3702 Greenmouht Ave.					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH	9. AGE (In years)				
Female   White		Widowed		11-3-1868	82	2000 2000		
10A. USUAL O	CCUPATION (Give kind of st of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
-			•	Maryland	Maryland			
13. FATHER'S	NAME			14. MOTHER'S MAIDEN NAME				
?	Pfarr			?				
15. WAS DECEA	SED EVER IN U.S. ARME	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS		
2 40, 20 01 22 20 11	(1121, 211, 111, 111, 111, 111, 111, 111	a 01 001 1100)	SECURITY NO.	Mrs. Helen Wer	ner 3702	Greenmount Av		
18. Lt.	22.1		CAUSE	OF DEATH		INTERVAL BETWEEN		
DISE	ASE OR CONDITION	DIRECTLY				ONSET AND DEATH		
	LEADING TO DEA'	TH	w Arten	io-Seleradia L	ardio-			
heart fai	lure, asthenia, etc. It mea	ns the disease	DUE TO	scular Dise	~	3 1/3		
			.) 502.10 (12	75647				
	ANTECEDENT CAUS	SES						
	ES OR CONDITIONS.			40400400		***************************************		
	THE ABOVE CAUSE (A) LYING CONDITION LA		E DUE TO					
ا ز			(C)	***************************************		***************************************		
e cruen	11							
TRIBUTIN	SIGNIFICANT CONDI	NOT RELATE	0					
-	OF OPERATION   1		FINDINGS OF OPER	ATION		LOO ALITODOVA		
1 100. 00.12	OF CHATTON	JB. MAJOR	FINDINGS OF OPER	ATION		YES NO		
	DENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., i	n or   21c. WHERE DID (I	f in Baltimore City	, give exact location)		
CAUSE OF	OR CONTRIBUTING	about home, f	arm, factory, street, office bidg.,	to.) INJURY OCCUR?				
TIME NJURY	(Month) (Day) (Year)		21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	SHIP THE WAR		
		m.	WORK NOT WHILE					
22. I here	by certify that I att	ended the	deceased from	5-/ , 195, to	5-29 .19	5 that I last saw the		
				red at 10:30 pm., from t				
23A. SIGN	ATURE	10		38. ADDRESS		23c. DATE SIGNED		
	C.D. V	yun	м. р.	11 C. has	e St	0-31.87		
24A. BURIAL, TION, REMOVAL		2	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, tov	vn, or county) (State)		
Burial	6-2-19	951	Louden Par	rk	Baltimore	Md.		
DATE RECEIV	TOAD 2 - Street			25. FUNERAL DIRECTOR		ADDRESS		
MAY 311	951	May My	warms (str. )	Jan 84) William	3000 E. F	Baltimore St.		
VS 150				JEL.	anda	0-5		
				176×		721		



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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4896

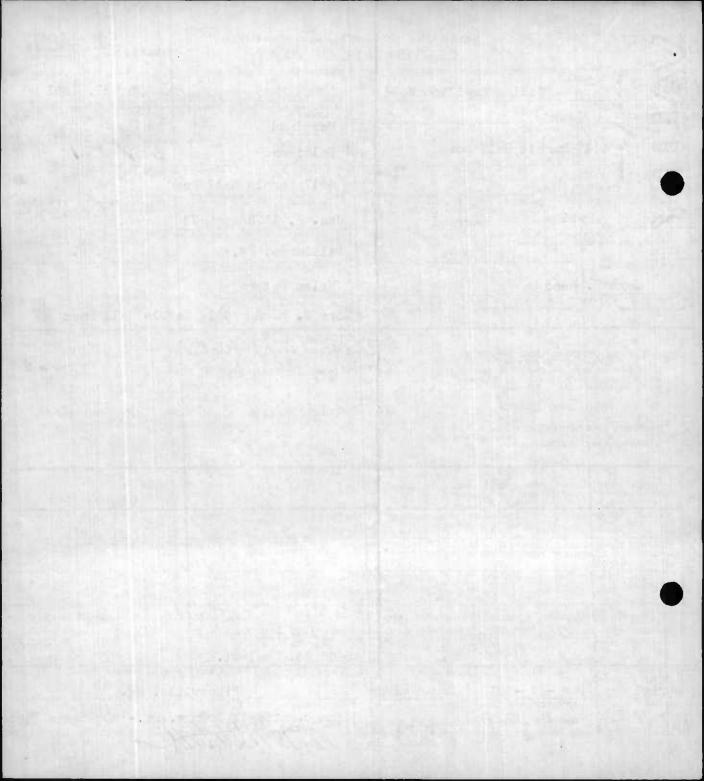
D	IRIH NO.							
	NAME OF C Type or Print)		Cathe	rime Hegan Wen	12	2. DATE. OF DEATH 5-6	29-51	
	Baltimore		0.20110	Tro me Com Hom	4. USUAL RESIDENCE (			
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institut	ion, give street address or location)		f outside corporate lim	is, write RURAL and give	
19	11	St.	Joseph	's Hespital	Baltimore	9-4	township)	
C.	egth of s	stay in Baltimore		life Days	1629 E. 33rd S			
5. SEX 6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	9. AGE (In years) H Under   Year   H U			
	Temale	White	W	idow	7-5-74	76		
OF	k dooe during most	of working life, even if retired)					12. CITIZEN OF WHAT COUNTRY:	
13	Housewo		Own home.		Baltimore, Md.			
					THE MAN THE REAL PROPERTY.	W. W. C.		
15 (Ye	5. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
				0.000	J. Henry Strauch	Jr. 804 Beaus	nent Ave . 12	
	18. 57	18X		CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEAS	SE OR CONDITION						
	heart failu	not mean the mode oure, asthenia, etc. It mea	f dying, e. g	e.	Generalized peri	tonitis,		
	injury or	complication which c	aused death	.) DUE TO				
		ANTECEDENT CAUS	ES		Cangrene of the	emall howel		
ATION	DISEASES	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
A		YING CONDITION LA			Stasis thrombi.			
FIC				(C)	Ducis IsattIOmol.	***************************************	***************************************	
E E		II SIGNIFICANT CONDI						
CE	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D T				
	19A. DATE C	19A. DATE OF OPERATION 7 19B. MAJOR FINDINGS OF OPERATION						
V	5-28-	7		iteal embolism		74 1 7 11 01	YES X NO	
1EDI	LYING OI CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i arm, factory, street, office bldg.,		If in Baltimore City,	give exact location)	
	SID. TIME	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE		Y OCCUR?		
	22 I hamah	as a matifact that I att	m.	WORK AT WORK	-27-51 , 19 , to	E 20 10 F	Tabua 7 lua a a a a a a	
	deceased at	live on 5-29-	19 53	and that death occur	rred at 9:35p m., from 1	the causes and on t	the date stated above	
	23A. SIGNA		XaXI		23B. ADDRESS		23c. DATE SIGNED	
			10-119		400 N. Caroline		5-29-51	
710	4A. BURIAL, ( ON, REMOVAL (S	Specify) 24B. DATE		24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, towr	n, or county) (State)	
D	Burial	6/1/	51	New Cathe		Balto. Mo		
	ATE RECEIVE		SIGNATU	KE	25. FUNERAL DIRECTOR		ADDRESS	
-	MAY 311	957 military	Alle	Mary Mills	John A Moran	3000 E. B	alto. St.	
	VS 150			is a f	THE COLUMN	Lewis	100	
						1-000	122	

A STATE OF S 

3	00	
51	4897	

-	L 489	17		CERTIFICAT			51 4897
	NAME OF D	ECEASED					
	ype or Print)		am Hami	lton Weed		2. DATE OF DEATH MA	y 31, 1951
A.		City, Maryland			A. STATE	ENCE (Where deceased lived.  B. COUNTY	before admission)
н	SPITAL OR ISTITUTION	4417 Marble		on, give street address or location)	Maryland c. CITY OR TOWN Baltimore	(If outside corporate in	
c.	eth of s	tay in Baltimore		lifeYrs. Mos. Days		e Hall Road	
5.	male	6.COLOR OR RACE		, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday)	Il Under I Year If Under 24 Hours Months Days Hours Min.
orl	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	Baltimore,	State or foreign country) Md.	12. CITIZEN OF WHAT COUNTRY?
	. FATHER'S	NAME			14. MOTHER'S MA	IDEN NAME	
	John	n W. Weed			Helen Pete	rs	
15 Ye	. WAS DECEASE , no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Cora L. Weed	4417 Marble H	all Road
CERTIFICATION	DISEASE TO TUNDERLY  OTHER STRIBUTING TO THE D	SE OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which e  ANTECEDENT CAUS SOR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA  LIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE DR CONDITION	F dying, e. g ns the disease aused death.  ES F ANY, GIVIN STATING TH ST.  TIONS CON NDT RELATE CAUSING IT	GE DUE TD  (C)			INTERVAL BETWEEN ONSET AND DEATH  Immediate  ? years
1	19A. DATE O	of OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
MEDIA	LYING OF CAUSE OF  21D. TIME (INJURY)  22. I hereby deceased all  23A. SIGNAT	y certify that I att live on 4/30/50  PURE	(Hour) m. ended the	and that death occur	ED 21F. HOW DID  21F. HOW DID  4/48, 19  red at 5:15 A.m. 38. ADDRESS  3406 St. Pau	injury occur?  to 5/31/51, 19, from the causes and on  1 St.	that I last saw the the date stated above.
П	N. REMOVAL (S	specify;		4c. NAME OF CEMETE	RY OR CREMATORY		
D	burial ATE RECEIVED CAL REGIST AY 3 1 19	D BY   REGISTRAR			25. FUNERAL DIR John O.Mitch	Pikesville, Md ECTOR elp& Sons, Inc	ADDRESS
**	VS 150	Dr. Glud	Mary and a		MBI	Bittlell	94a

94a



1	1 4898	В	CERTIFICATI	E OF DEATH	Registered 1	01 4898 No. 4898
1.	NAME OF DECEAS Type or Print)		rsythe Saunders		2. DATE OF May	28, 1951
	PLACE OF DEATH: Baltimore City, I			4. USUAL RESIDENCE (		
В.	FULL NAME OF OSPITAL OR		ution, give street address or location)  e. Avenue	Maryland	f outside corporate fini	112
c.	Ongth of stay in	Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (III		
5. M	SEX 6.CO	hite 7. SING WIDO	LE. MARRIED.  WED, DIVORCED (Specify)  dowed	8. DATE OF BIRTH Aug. 8, 1866	last birthday) Mo	M Under 1 Year H Under 24 Hours on the Days Hours Min.
orl	k done during most of workin Retired Chief		ND OF BUSINESS OR INDUSTRY  Bay Line	Dublin, Harford	Co., Md.	12. CITIZEN OF WHAT COUNTRY
13	Charles S	aunders		Sally Ward	JAME	
15 Ye	No No DECEASED EVE	R IN U. S. ARMED FORCES? oe, give war or dates of service)	16. SOCIAL SECURITY NO. 228–16–4465	17. INFORMANT Mrs.Jerry M.Fowl		ins St.
KILLCALION	(This does not	CONDITION DIRECTLE DING TO DEATH nean the mode of dying, one ine, etc. It means the discitation which caused described the caused described to the caused described to the cause (A) STATING CONDITION LAST.	Y (A) COC.  (B)	mis Myse	ardite	ONSET AND DEATH
C U		HE DEATH, BUT NOT RELATION CAUSING		ATION		20, AUTOPSY?
DICAL	21A. ACCIDENT, S HOMICIDE (Spe	UICIDE, 218. P	LACE OF INJURY (e. g., in	or 21c. WHERE DID	(If in Baltimore City,	YES NO
2.	22. I hereby cert deceased dive of 23a. SIGNATURE	is T. Leve	e deceased from	red at 5.30Pm., from 3B. ADDRESS 1844 W. North A	My 28, 192 the causes and on t	5/29/5/
B	on, REMOVAL (Specify, Burial	June 1, 1951	Angel Cemeter	Hav.	re de Grace,	Md.
N	ATE RECEIVED BY	REGISTRAR'S SIGNA	Minusa M.	1-14/111		10 Liberty

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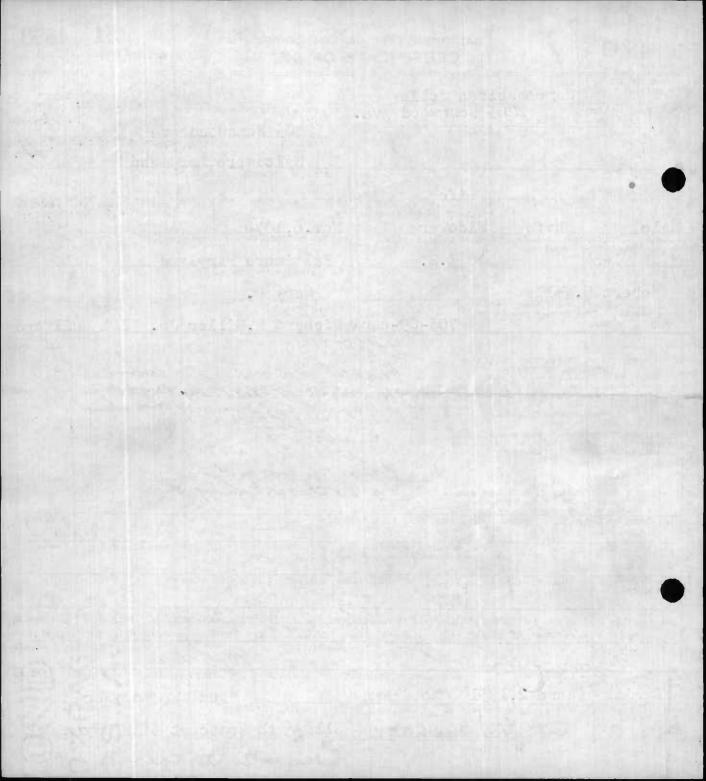
THE RESIDENCE OF THE LABOR. - Survey Cope to with 

 $51 \quad 4899$ 

Armacost 5118 Gwynn Oak

BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) James Nelson Wells DEATH May 30 1951
4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: 2205 Homewood Ave. before admission) A. Baltimore City, Maryland 2205 Homewood B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits write KURAL and give INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Life Days
SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years | Il Under | Year | H Under 24 Hours | last birthday) | Months: Days | Hours | Min. Nov. 6, 1876 74

11. BIRTHFLACE (State or foreign country) White Widower 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of wurking life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore Maryland Clerk 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Robert H.Wells Mary D. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) 5-09-6461 Richard A.Miller Jr No 3041 Guilford INTERVAL BETWEEN CAUSE OF DEATH 260 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION EDICAL 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT 22. I hereby certify that I attended the deceased from afr 17, 1957, to har 30, 1957, that I last saw the deceased alive on here 30, 195%, and that death occurred at 46 P.m., from the causes and on the date stated above. 23A. SIGNATUR 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24c. NAME OF CEMETERY OR CREMATORY Woodlawn Woodlawn Maryland DATE RECEIVED BY LOCAL REGISTRAR

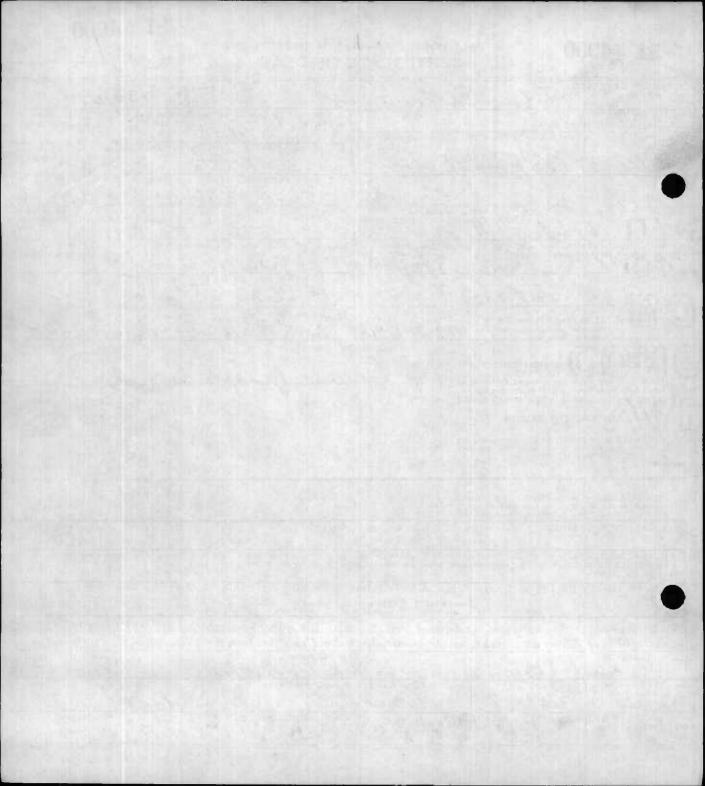


	51.	4900,	
RTH	NO.	C-640	

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered	No

BIRTH NO. C-G90,	L OI DEMIII
1. NAME OF DECEASED (Type or Print) Tokn Carlson	2. DATE 5/30/51
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)
HOSPITAL OR location) INSTITUTION  42/2 Par Kmont Cluz	
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Defigth of stay in Baltimore  Days  5. SEX  6. COLOR OR RACE  WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years H Under I Year last birthday)  Months: Days Hours Min.
IOA. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR ork done during most of working life, even if retired)  Tata recurrent to the contract of the contr	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) (16. SOCIAL SECURITY NO. 79-21-1289A)	Ruth Ruan 5610 Milwood Up
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY!
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., about home farm, factory at factory.	
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY  MHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	rred at 1:12 P. m., from the causes and on the date stated above.
23A. SIGNATURE	23B. ADDRESS 23C. DATE SIGNED May 31 1951
246. DATE 24C. NAME OF CEMETE  NON, REMOVAL (Specify)  248. DATE  246. NAME OF CEMETE  247. NAME OF CEMETE	an Long Island n. y.
DATE RECEIVED BY REGISTRAR'S SIGNANTE	25. FUNERAL DIRECTOR ADDRESS  ADDRESS  ADDRESS  ADDRESS
VS 150	97



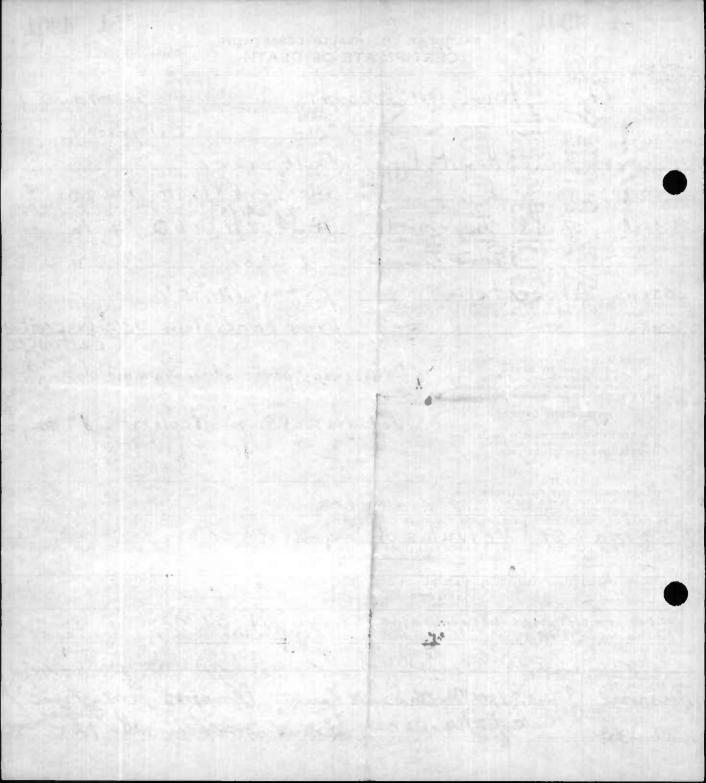
1	16	TIEICATE	OF DEATH	Registered I	No
В	RTH NO.	TIFICATE	OF DEATH		
	ype or Print) alperstein.	1x mos	VYIS	OF DEATH 3/	may 51
	Baltimore City, Maryland		4. USUAL RESIDENCE (WA. STATE	here deceased lived, If B. COUNTY	institution, residence before admission)
	FULL NAME OF (If not in hospital or institution, give s	street address or location)	C. CITY OR TOWN (If		s, write RURAL and give
IN	Church Home & Hospita		Baltimor	c	township)
C.	sength of stay in Baltimore	Yrs, Mark Day	SHepherd +	Ruff To	wson 4
-	male white marri		8. DATE OF BIRTH 15		f Under 1 Year III Under 24 Hours nths Days Hours Min.
	A. USUAL OCCUPATION (Give kind of IOB. KIND OF BUS a done during most of working life, even if retired)	SINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	me.	14. MOTHER'S MAIDEN NA	AME	25
1	WAS DE BASED EVER IN S ARMED FORCES 1 16 SO		Ester Mi	ller	
(Ye	TO SO	CURITY NO.	Fred Hoer	/	DDRESS OS Bankyofti2
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	CAUSE O	nous perforat	in Sigmon	Baltypp
NO	DIOLINES ON CONDITIONS, IF ANT, GIVING		lus of Sigmo	ilcolon	17 days
CAT	RISE TO THE ABOVE CAUSE (A) STATING THE DUI UNDERLYING CONDITION LAST,	E TO			
CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ia bet	<s< td=""><td></td><td></td></s<>		
	19A. DATE OF OPERATION 3 19B. MAJOR FINDIN		TION CO	1/22	20. AUTOPSY?
1EDICA	21A. ACCIDENT. SPICIDE. HOMICIDE (Spicify)  21B. PLACE OF I about home, farm, factory			f in Baltimore City,	
2	1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY WHILE AT	URY OCCURRED	21F, HOW DID INJURY	OCCUR?	
	22. I hereby certify that I attended the decease		may, 15/, 10 3	1 may, 195	that I last saw the

, and that death occurred at 12 deceased alive on 31 may, m., from the causes and on the date stated above. 23c. DATE SIGNED 23B. ADD

24b. LOCATION (City, to REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

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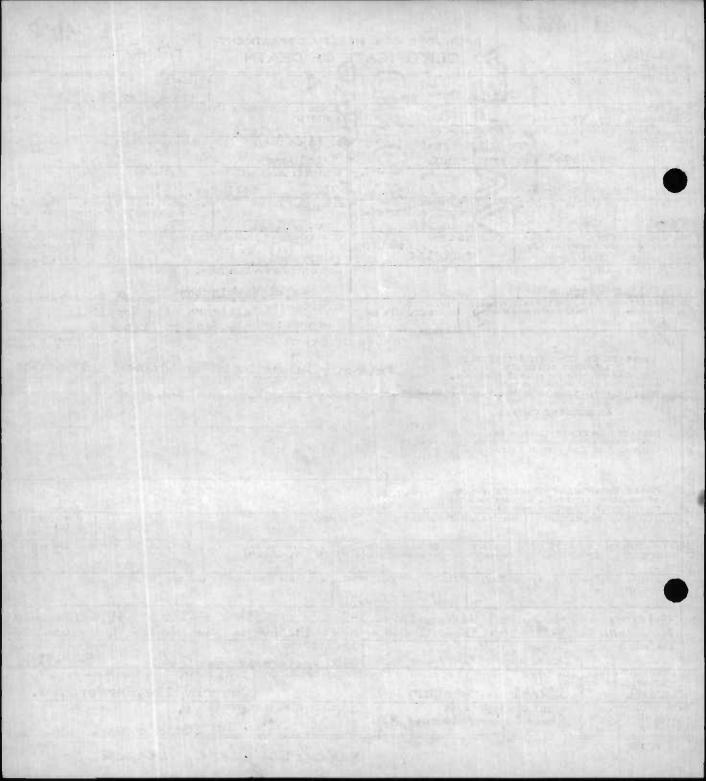


## BALTIMORE CITY HEALTH DEPARTMENT

51 4902

Registered No ... ND-144752 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH Blanch Osbrone May 28.1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR Baltimore City Hospitals location c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Avenue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) 13 Yrs. Days 912 Druid Hill Ave. length of stay in Baltimore 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year H Under 24 Hours last birthday) Months: Days Hours Min. Female Separated Dec.27,1911 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Servant Domestic U.S. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Osbrone Mabel Washington 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT Baltimore City Hospitals (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. no Records: 4940 Eastern Avenue NTERVAL BETWEEN 002 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Pulmonary Tuberculosis Far Advanced 12 months LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death. DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? DD. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WORK 22. I hereby certify that I attended the deceased from 1-3 , 19 51 to 5-28 , 19 51 that I last saw the deceased alive on 5-28 \_\_ 19 \_ 51 and that death occurred at 1:40p m., from the causes and on the date stated above. 238. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Avenue 5-29-51 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Asbury 6/2/51 Churchville, Harford, Md. burial DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNA LOCAL REGISTRAR Mc Comas & Sor

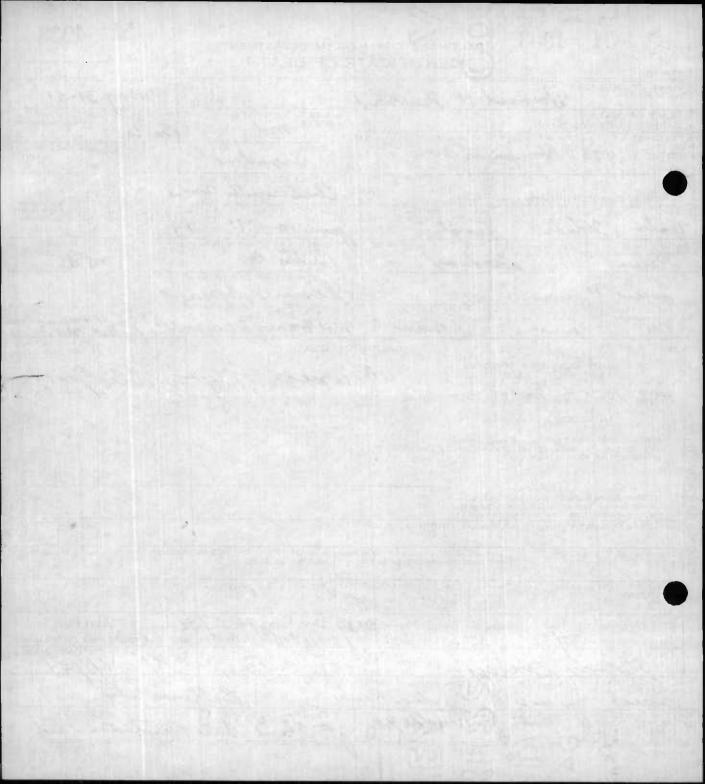
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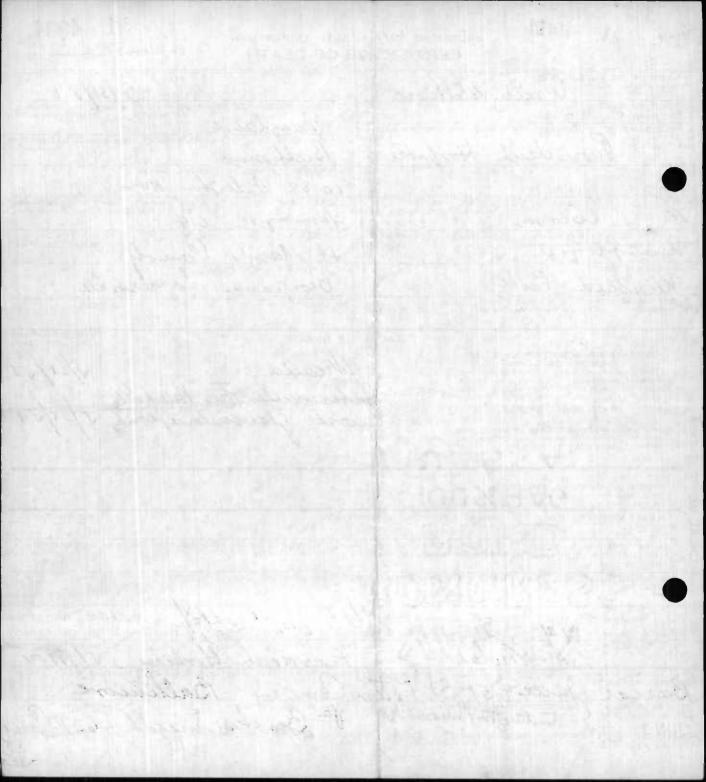
250	51 4903		TIMORE CITY H		D	OIL	4903
BIRTH NO.			CERTIFICAT	E OF DEAT	H Re	egistered No	
1. NAME OF E (Type or Print)	House Wou	raid H	' Pauson		2. DAT OF DEAT	may	31-51
	City, Maryland		on, give street address o	4. USUAL RESIDE	NCE (Where deces	ased lived, If Insti	itution : residence before admission
HOSPITAL OF	4703 Non		location		dow (If outside co.	rporate limits, wr	rite RURAL and giv township
c. Length of s	stay in Baltimore		Yrs. Mos. Days	Chatewo	ess of rural, give		0.0
Male Male	Hhite	Sun	. MARRIED, ED, DIVORCED (Specify	Jun 10-16	871 79	pirthday) Months	I Yeel
ork done diving tost		Jardo	OF BUSINESS OR INDUSTR	Bells.	State or foreign cour	ntry)   12.	CITIZEN OF WHAT COUNTRY
Jours	Dawson	N		Elmia	1. /	2	
15. WAS DECEAS Yes, no or unknown)	ED EVER IN U. S. ARM (If yes, give war or de	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Dawson		Kenspurgan
18. 4	rr. V.		CAUSE	OF DEATH		7-0	INTERVAL BETWEE
(This doe heart fail injury or	SE OR CONDITION LEADING TO DE so not mean the mod- ure, asthenia, etc. It no complication which ANTECEDENT CA ES OR CONDITIONS THE ABOVE CAUSE (	ATH of dying, e.g. cans the diseas caused death USES , IF ANY, GIVIN	e, .) DUE TO (B)	will	Mysica	melilio	Hear
UNDERL	YING CONDITION	LAST.	(C)				
TRIBUTIN	II SIGNIFICANT CON G TO THE DEATH, BU DISEASE OR CONDITI	T NOT RELATE	.D				
	OF OPERATION (		FINDINGS OF OPE	RATION			YES NO
21A. ACCID HOMICIDE	ENT, SUICIDE, (Specify)	21B. PLA about home, f	CE OF INJURY (e. g., arm, factory, street, office bldg	in or 21C. WHERE E ,etc.) INJURY OCCU		imore City, give	exact location)
p. TIME INJURY	(Month) (Day) (Yes		WHILE AT NOT WHILE WORK AT WORK		INJURY OCCUR	?	
deceased a	live on 5/31	A	deceased from My and that death occu	rred at // 30 Pm.		es and on the d	
23A, SIGNA	Paces /	Elley.	M. D.	238. ADDRESS	Farford 240. LOCATION	PH 6	Sc. DATE SIGNED
TION DEMOVAL (	June.	4/51	Souden Pa	h	Baltin	no lety	DDRESS
DATE RECEIVE		St. Charles	stigues M.R.	25. FUNERAL DIR	5	7 7 5	- 1

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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

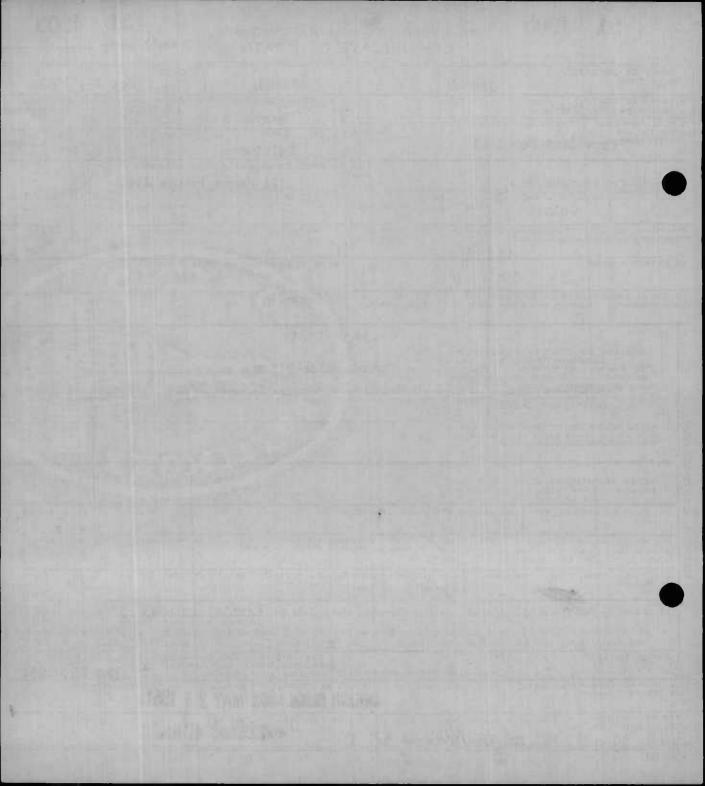
BIRTH NO.	CERTIFICATE	OF DEATH	avegablered 1102	
1. NAME OF DECEASED (Type or Print)	tilliam		OF DEATH	31/51
A. Baltimore City, Maryland		4. USUAL RESIDENCE (W. A. STATE	here deceased lived. Winst	titution: residence before admission)
B. FULL NAME OF (If not in hospital or institution Round deut to	Howhital	c. City or town (If allown	outside corporate limits, w	vrite RURAL and give township)
c. Ength of stay in Baltimore	Yrs, Mos. Days		ural give location)	
5. SEX 6. COLOR OR RACE 7. SINGI		8. DATE OF BIRTH  Jaman 11	9. AGE (In years last birthday) Month	er I Year If Under 24 Hours S. Days Hours Min.
working during most of working life, even if retired)	RESTAULANT	H. BIRTHPLACE (State or for	County	CITIZEN OF WHAT COUNTRY?
Willed Price		Olor fia ma	Someror's	lle
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the dises in jury or complication which caused deal  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	g., (A)	brevia Fenorelevota vic zlonen	har sila	1/21/51
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	ren			
19A. DATE OF OPERATION () 19B. MAJO	R FINDINGS OF OPERA	ATION .		YES NO
	ACE OF INJURY (e. g., in g, farm, factory, street, office bldg., etc	or 21c. WHERE DID (If	in Baltimore City, give	exact location)
D. TIME (Month) (Day) (Year) (Hour) INJURY m.	21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK	D 21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended the deceased alive on 1951	e deceased from	27/ ,1951, to seed at 2 5 am., from th	1951, the causes and on the	hat I last saw the date stated above.
23A. SIGNATURE A. Nicola	✓		toxpital	SISC. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify) June 4/5/	St Pleno	Emetery 240. LO	Ballines	•
DATE RECEIVED BY REGISTRAR'S SIGNAT	Williams, Mar	25/FUNERAL DIFECTOR	Augarlo 14	637 Care
VS 150	DELLA	4 4	100	2.0 5

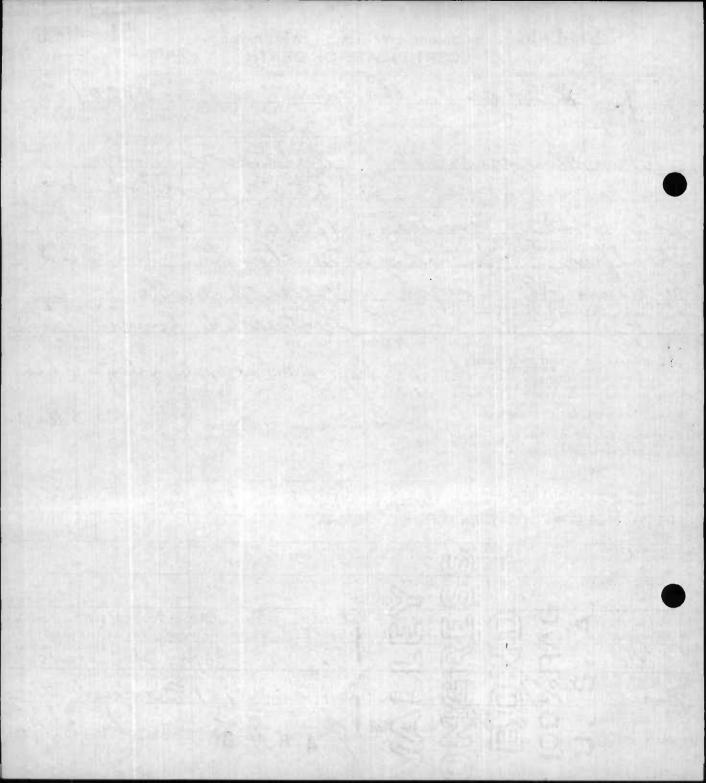


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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF May 23, 1951 Joseph CROMWELL DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF HOSPITAL OR of not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Provident Hospital -township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore 1121 Pennsylvania Ave. Days 6. COLOR OR RACE SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | H Under 1 Year | H Under 24 Hours last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) Colored Male IOA. USUAL OCCUPATION (Givekind of 10BNKIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? W16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) .Chronic alcoholism heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Ш 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 2Ic. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 🕱 accident 🗆, suicide 🗀, homicide 🗀, undetermined 🗀. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER..... 23c, DATE SIGNED MEDICAL INVESTIGATOR 24A. BURIAL, CREMA- J24B. DATE TION, REMOVAL (Specify) 24c, NAME OF CEME 24D. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR





Mos.

c. Dength of stay in Baltimore Days 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. 5. SEX 6. COLOR OF RACE SINGLE, MARRIED WIDOWED, DIVORCED (Specify) widowed 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) work done during most of working life, even if ratired) INDUSTRY ouse work 13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. wan Ukm

CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY pertensive Cardio LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES viel Conspertermen) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.

(C) ...... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

20. AUTOPSY? 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location)

21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT, SUICIDE, about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify)

21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE

AT WORK 5-30 . 195 that I last saw the 19 % to 22. I hereby certify that I attended the deceased from.

deceased alive on 5. 16, 1951, and that death occurred at 5. Pm., from the causes and on the date stated above.

23C. DATE SIGNED 23B. ADDRESS 23A. STENATURE

24A. BURIAL, CREMA-TION REMOVAL (Specify)

DATE RECEIVED BY

ADDRES 25. FUNERAL DIRECTOR

VS 150

before admission)

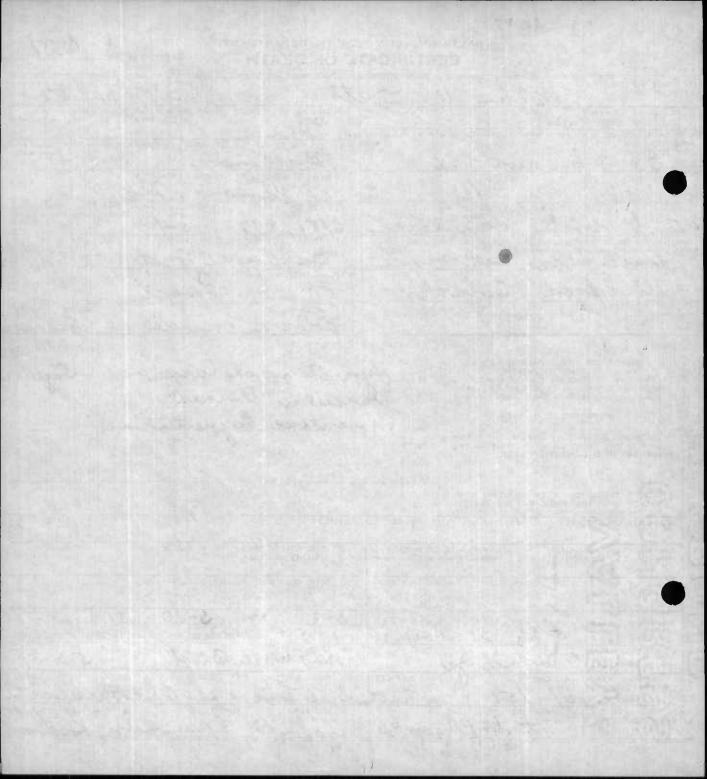
12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN

ONSET AND DEATH

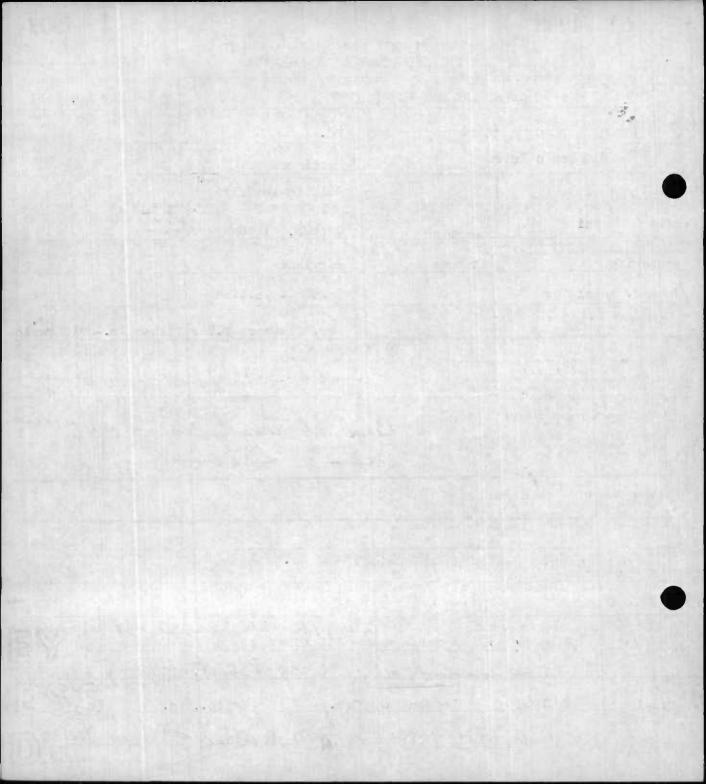
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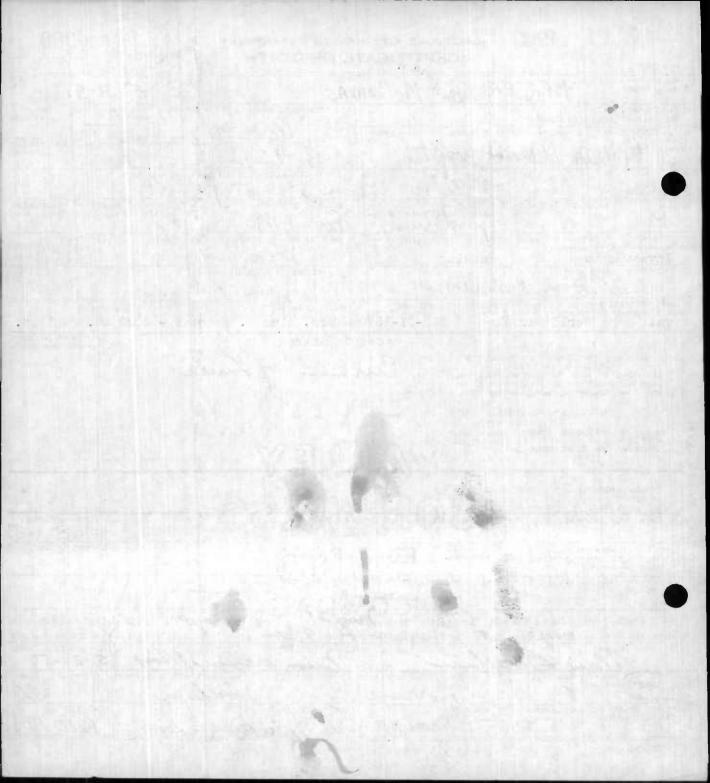


## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	NAME OF D	ECEAS	ED				2. DATE	
(1	'ype or Print)		C.	ATHERIN	E MAY VERMILL	ION	OF DEATH	May 30, 1951
	Baltimore	City, M				4. USUAL RESIDENCE (W		. If institution : residence before admission)
	FULL NAME	OF	(If not in hospit	al or institut	ion, give street address or location)			
INSTITUTION 3310 Menlo Drive				iocation)	Baltimore (If	outside corporate li	mits, write RURAL and give township	
c.	Ogth of s	stav in	Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If 3310 Menlo Drive		
	SEX		OR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year   If Under 24 Hours
f€	emale	wh	ite		/ED, DIVORCED (Specify)	June 5, 1876	last birthday)	Months Days Hours Min.
10	A. USUAL OC	CUPAT	ION (Give kind of glife, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo		12. CITIZEN OF
	Housewi	-	, me, even in recircu)	at	home	Maryland		WHAT COUNTRY?
13	FATHER'S	NAME				14. MOTHER'S MAIDEN NA	AME	
15	John C.					Sarah C. Collins		
(Ye	s, no or unknown)	(If ye	IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS Dr.
-						Mr. Clarence T.	Vermillion	Sr3310 Menlo
	18. 47	0.1			CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR	CONDITION	DIRECTLY	0		0 0	
	(This does	not me	ean the mode o	f dving, e. g	(A)	whose En	Leli	- Jewel
	injury or	compli	cation which c	aused death	DUE TO		Designation of the last of the	
		ANTEC	EDENT CAUS	ES	•		,	
Z	DISEASE	S OP C	ONDITIONS, 11		(B)	bol und	le	
CATION	RISE TO T	HE ABO	VE CAUSE (A)	STATING TH	E DUE TO	7 00		
Y S	UNDERL	ring C	ONDITION LA	ST.	(c) Dark	no ech	2000	•
H			11					Designation of the second seco
RT	OTHER S	IGNIFI	CANT CONDI	TIONS CON				
CE	TO THE D	S TO TH	E DEATH, BUT OR CONDITION	CAUSING I	Г			
AL	19A. DATE C	OF OPE	RATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
DICAL			AS UNDER-	218. PLA	CE OF INJURY (e.g., in		f in Baltimore City	y, give exact location)
ME	CAUSE OF	DEATH			arm, factory, street, office bldg., e	to.) INJURY OCCUR?		
	NJURY	(Month)	(Day) (Year)		21E. INJURY OCCURRI	D 21F. HOW DID INJURY	OCCUR?	
				m. V	WORK NOT WHILE			
	22. I hereb	u certi	fy that I att	ended the	deceased from Le	0 16, 195 /to 1	LauSD, 19	57 that I last saw the
deceased alive on 200, 1957, and that death occurred ut 10 4 m., from the cases and on the date stated above					the date stated above.			
	23A, SIGNA	TURE		0	1 1 2	3B. ADDRESS	~ 11	23C. DATE SIGNED
2.4	A. BURIAL, (	CDETA		Jane	M. D.	45-09 Fel	4 1795	- may 31
	N. REMOVAL (S		24B. DATE	4	24c. NAME OF CEMETER	RY OR CREMATORY 24D, LC	CAPION (Cinctor	vn, or county) (State)
D.	Burial ATE RECEIVE	D BY I	6/2:/5.	L GIONATU	Loudon Park		o., Md.	ADDRESS
	CAL REGIST		REGISTRAR'S	SIGNATU	Williams Miss	25 FUNERAL DIRECTOR	1	ADDRESS A
-	JUN \$	194	) have	the state	Ald man and the said	MUNDYUM	ner /	us-vallo;
	VS 150	100		- 0	The state of the s			and Wild.
						V		144



BIRTH NO.  1. NAME OF DECEASED A CORRES	EALTH DEPARTMENT E OF DEATH	51 Registered No_	4909
1. NAME OF DECEASED MERCER BOT MCCOM	1A5   2	OF DEATH 5-31	-51
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address of	4. USUAL RESIDENCE (When	DEATH	
HOSPITAL OR INSTITUTION With Mountal Hospital location		side corporate limits, w	rite RURAL and give township)
c. Ongth of stay in Baltimore Ule Yrs. Mos. Days	3032 NT. 10	al, give location)	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCE (Specify	Feb. 11, 1893	AGE (In years If Under last birthday) Months	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Investments  13. FATHER'S NAME	Maryland		WHAT COUNTRY?
Mr. Renge a. Mc Comay	14. MOTHER'S MAIDEN NAME Virginia Me	ree	
15. WAS DECEASED EVER IN U. S ARMED FORCES? (Yes, no or unknown)  World War #1  16. SOCIAL SECURITY NO. 212-01-1570	17. INFORMANT Mrs. Alma F. McCo	mas - 3032 St	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	bris 7 Live	·	ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS	RATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.		Baltimore City, give	exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT NOT WHILE  M. WORK AT WORK		CCUR?	
22. I hereby certify that I attended the deceased from deceased alive on may 31, 19 \$1. and that death occur 23A. SIGNATURE  Somethin Somethin M.D.		causes and on the d	at I last saw the ate stated above.  3c. DATE SIGNED
24A. BURIAL CREMA 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify) 6-2-51 Lorraine	ERY OR CREMATORY 24D LOCAL	ATION (City, town, or c	ounty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR  THE PROPERTY OF THE PR	War In Too face	& Sons	Balto Md.
vs 150 270 72		10	24B



В	JI 14	8188 51 49	10 BALTIMORE CITY HE CERTIFICATE		Registered N	51. 4910	
	NAME OF D Type or Print)	Ruby Mist	er		2. DATE OF DEATH 5-30	)-51	
Α.		EATH: City, Maryland		4. USUAL RESIDENCE (W		institution : residence before admission	
B. FULL NAME OF HOSPITAL OR INSTITUTION  Baltimore City Hospitals location)  4940 Eastern Ave.							
O.	Cogth of s	tay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If 2074 Druid Park		<u> </u>	
	emale	6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify) Married	B. DATE OF BIRTH Dec.30, 1874		Under 1 Year If Under 24 Hours nths Days Hours Min.	
1 C worl	A. USUAL OC k done during most o	CUPATION (Give kind of f working life, even if retired)	INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY	
13	FATHER'S		at home	14. MOTHER'S MAIDEN NAME  Julia Wallace			
1.5 (Ye	. WAS DECEASE e, no or unknown)	D EVER IN U.S. ARMEE (If yee, give war or date	) FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT B. C. H. Records, 4940 Eastern Ave.			
ERTIFICATION	DISEASE (This does heart failu injury or DISEASES RISE TO TUNDERLY	32 days					
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED Charter	10		over	
SAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION					YES NO	
MEDICAL	21a. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  21b. PLACE OF INJURY (e. g., in or labout home, farm, factory, street, office bidg., etc.)  INJURY OCCUR?						
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK						
	22. I hereby certify that I attended the deceased from 5-3-51, 19, to May 30, 19, 5that I last saw the deceased alive on May 30, 19, 5th and that death occurred at 9M, m., from the causes and on the date stated above						
	23A. SIGNAT	P.S.	Cloger M. D.	38. ADDRESS 4940 Eastern Ave		23c. DATE SIGNED 5-31-51	
710 TIC	4A. BURIAL, CON. REMOVAL (S Burial	pecify) 6/2/5:	9	RY OR CREMATORY 24D. LO	Balto. Md.	or county) (State)	
	ATE RECEIVE	RAROLE	s signature	25 FUNERAL DIRECTOR	lever & Jan	ADDRESS A-	

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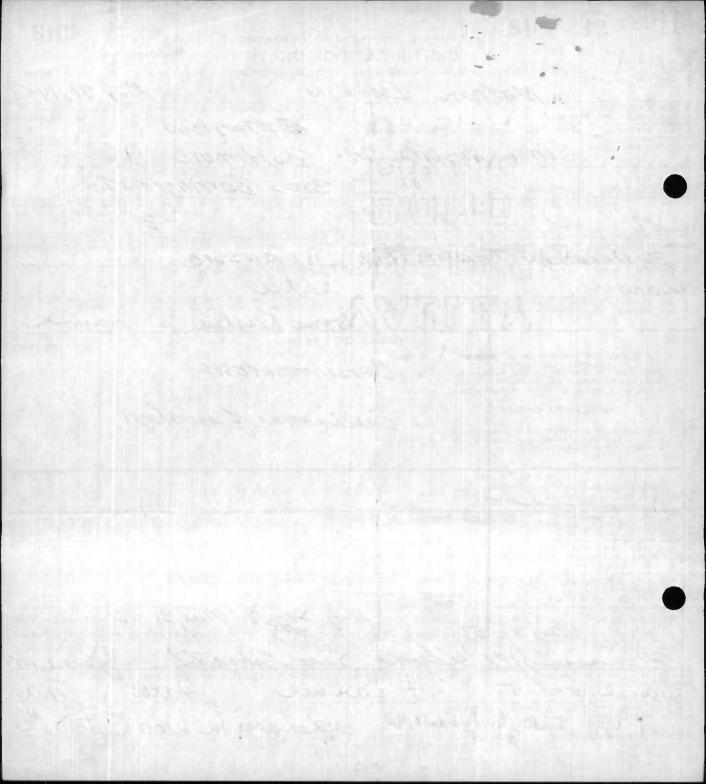
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## 51 4911 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

BIRTH NO.		E O. BEATH		
1. NAME OF DECEASED (Type or Print)			2. DATE.	
Shure Har	ry Walter	OF DEATH May 31, 1951		
a. Baltimore City, Maryland		4. USUAL RESIDENCE (V		institution : residence before admission)
B. FULL NAME OF (If not in hospital or HOSPITAL OR XNSDXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	institution, give street address or location)	c. CITY OR TOWN (If	outside corporate limit	s, write RURAL and give
St. Joseph	1s	Baltimore	/6-	township)
	Yrs.	D. STREET ADDRESS (If		
angth of stay in Baltimore	50 vr. Mos.	3025 Bri	ghton St.	
	SINGLE, MARRIED. VIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	Under I Year If Under 24 Hours on the Days Hours Min.
M. W.	Married	June 23, 1879	71	
10A. USUAL OCCUPATION (Give kind of york done during most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
Pensioner Ba	lto. Transit Co.	N. Carol:	ina	
13. FATHER'S NAME CONDUCTOR		14. MOTHER'S MAIDEN N		
Harry W. Shure		Georgieanna	R Wehl	
15. WAS DECEASED EVER IN IL S ARMED FOR		17. INFORMANT		DDRESS
Yes no or unknown) (If yes, give war or dates of ser Spanish-Amer	ican A 213-10-0	Mgg. Guinnette	K. Shure 30	25 Brighton
DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dy) heart failure, asthenia, etc. It means the injury or complication which caused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.  UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITION	ng, e.g., (A) Papills disease, death.) DUE TO tratification (B)	ary carcinoma, bl	adder, infil-	ONSET AND DEATH
TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU				
194. DATE OF OPERATION   198. N	AJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
<b>⋖</b>				YES NO X
21A. ACCIDENT WAS UNDER-   21	B. PLACE OF INJURY (e. g., in at home, farm, factory, street, office bldg., e	o or 21c. WHERE DID (1) total INJURY OCCUR?	If in Baltimore City, a	give exact location)
21D. TIME (Month) (Day) (Year) (Hou	r)   21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	Y OCCUR?	
OF INJURY	WHILE AT NOT WHILE			
22. I hereby certify that I attende	d the deceased from May	17, , 19 51 to Ma	y 31, , 195	that I last saw the
deceased alive on May 31, 19	51. and that death occur	red at 1.15a.m., from t	he causes and on th	he date stated above.
23A. SIGNATURE	2	3B. ADDRESS		23C. DATE SIGNED
John 1. Cu		11.00 M Caroline	St.	May 31, 1951
24A. RURAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
Burial 6-2-1951	Meadowridg	e Mem Park El	kridge.	Md.
DATE RECEIVED BY REGISTRAR'S SIG		25. FUNERAL DIRECTOR		ADDRESS
JUN 1951	Go Milayer, M.B	G. Howard Stron	g 3207 W.No	orth Ave.
VS 150		4903	3 0001 110111	- 414 474 0 8
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2	20	51	4912	DAI	TIMODE					51	4912	
f		200		BAI			OF DEATH		Register		2020	
В	IRTH NO.			- 17	CERTIFI	CATE	OF DEATH		ite gister	110.		
	NAME OF E		N	otho	n L	usk	Lin	2	OF DEATH	nay	31,145	/
	PLACE OF E		rland				4. USUAL RESIDEN	ICE (When			tution : residence before admissio	-
В.	FULL NAME			al or institut	ion, give street n		B/n	ary/	and			11 )
	OSPITAL OR	<	Tina	i He	a nital	location)	C. CITY OR TOWN	tIf out	side corporate	limits, wr	ite RURAL and gi	
4	220	• -	11100	ME	Spiral	1-4/4	Ba11	imo	10 1	5	10	100
c	ngth of s	tay in Bal	timore		31	Yrs. Mos.	3803 1	Barr	il, give location	UZ.	d.	
5.	SEX	6. COLOR	OR RACE	7. SINGLE	E, MARRIED,		8. DATE OF BIRTH	9	AGE (In year	s If Under	I Year   H Under 24 Hou Days   Hours   Min	113
	M	u			///				53		Days Mours Mil	1.
worl	A. USUAL OC	CUPATION of working life, er	(Give kind of ven if retired)	10B. KINE	OF BUSINES	S OR QUSTRY	11. BIRTHPLACE (Sta	te or forei	n country)	12.	CITIZEN OF WHAT COUNTR	_ ~?
		inessn	nan	Furn.	Ture 51	210	- 1 Ru	1551	7		WINT COOKIN	
13	FATHER'S					RI	14. MOTHER'S MAID	EN NAMI			He H	
(	Naro						Vaa	'				
(Ye	S. WAS DECEAS e, oo or ookoown)	ED EVER IN 1	J. S. ARMED war or dates	FORCES? of service)	16. SOCIAL SECURIT	Y NO.	77. INFORMANT	Nin	,	ADOR	ESS	
	18. /	TAV			C	AUSE O	F DEATH	27000		1	INTERVAL BETWEE	N
		SE OR CON						,			ONSET AND DEAT	243
6	(This does	LEADING	TO DEAT	ш								
		not mean t	he mode of	dying, e. g	(A)	ar	inomat	0515				
	heart failu injury or	re, asthenia, complication	etc. It mean	f dying, e. g	e,	[ are	inomat	0513	***************************************			
H	heart failu injury or	re, asthenia, complication	etc. It mean which ca	f dying, e. g as the diseas aused death	e, .) DUE TO	[are	inemat.	0513				
Z	injury or	re, asthenia, complication	etc. It mean which ca	f dying, e. g ns the diseas aused death ES	e, ) DUE TO	Paul	inomat.	9513 Jen	cophus	45		
TION	injury or  DISEASE: RISE TO T	are, asthenia, complication  ANTECEDE  S OR COND THE ABOVE C	etc. It mean which con INT CAUS ITIONS, IF AUSE (A)	f dying, e. g ns the diseas aused death ES ANY, GIVIN STATING TH	e, .) DUE TO	an	inoma e	0513 Jes	rephy	43		
CATION	injury or  DISEASE: RISE TO T	are, asthenia, complication ANTECEDE S OR COND	etc. It mean which con INT CAUS ITIONS, IF AUSE (A)	f dying, e. g ns the diseas aused death ES ANY, GIVIN STATING TH	e, .) DUE TO (B)		inoma e	0513 Je	cophus	45		••••
IFICATION	injury or  DISEASE: RISE TO T	are, asthenia, complication  ANTECEDE  S OR COND  THE ABOVE C  YING COND	etc. It mean which con INT CAUS ITIONS, IF AUSE (A) DITION LAS	f dying, e. g ns the diseas aused death ES ANY, GIVIN STATING TH	(B)(B) DUE TO		inoma e	6513 Je	ophy	75		
RTIFICATION	DISEASE: RISE TO TUNDERLY	are, asthenia, complication  ANTECEDE S OR COND HE ABOVE C YING COND	etc. It mean which control which control contr	dying, e. gas the diseas aused death ES ANY, GIVIN STATING THEST.	(B)		inoma j	f es	rophy	ys .		
CERTIFICATION	DISEASE: RISE TO T UNDERLY  OTHER S TRIBUTING	are, asthenia, complication  ANTECEDE  S OR COND  HE ABOVE C  YING COND	etc. It mean which on which of the control of the c	f dying, e. g s the diseas aused death ES ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B)(C)			9 es	rophuz	95		
٦	DISEASE: RISE TO T UNDERLY  OTHER S TRIBUTING	are, asthenia, complication  ANTECEDE S OR COND HE ABOVE C YING COND BIGNIFICAN TO THE DE	etc. It mean which on which of the constitutions, if ause (A) within Last Tondition the condition ath, but it condition	f dying, e. g s the diseas aused death ES ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING I	(B)(C)			f es	cophus	45	20. AUTOPSY?	
٦	OTHER STRIBUTING TO THE D	ANTECEDE S OR COND HE ABOVE C YING COND SIGNIFICAN G TO THE DE	etc. It mean which con which con which con the condition is condition on the condition of t	f dying, e. gas the diseas aused death ES  ANY, GIVIN STATING THEST.  TIONS CONNOT RELATE CAUSING ITEMS TO THE CAUSING ITEMS THE CAUSING ITEMS TO THE CAUSIN	(B)	F OPERA	TION	(16 to	esphys	(/5	YES NO	
EDICAL	OTHER STRIBUTION OF THE DISA. DATE C	ANTECEDE S OR COND HE ABOVE C YING COND SIGNIFICAN G TO THE DE USEASE OR C DF OPERATI	etc. It mean which or which or NT CAUS ITIONS, IF AUSE (A) ITION LAS	dying, e. gas the diseas aused death ES  ANY, GIVIN STATING THEST.  TIONS CONNOT RELATE CAUSING 1988. MAJOR	(B)	of OPERA Y (e.g., io c	TION or 21c, WHERE DID		a Baltimore Ci	ty, give		
٦	OTHER STRIBUTING TO THE D  21A. ACCIE LYING OF CAUSE OF	ANTECEDE S OR COND THE ABOVE C YING COND SIGNIFICAN G TO THE DE USEASE OR C DF OPERATI	etc. It mean which converted to the conv	f dying, e. gas the diseas aused death ES  ANY, GIVIN STATING THE ST.  TIONS CONNOT RELATE CAUSING I 9B. MAJOR  21B. PLA about home, f	(B)	OF OPERA Y (e.g., io c office bldg., etc	or 21c, WHERE DID INJURY OCCUR?			ty, give	YES NO	
EDICAL	OTHER STRIBUTING OTHER STRIBUTING TO THE D  19A. DATE C  21A. ACCIE LYING OCAUSE OF	ANTECEDE S OR COND THE ABOVE C YING COND SIGNIFICAN G TO THE DE USEASE OR C DF OPERATI	etc. It mean which converted to the conv	f dying, e. gas the diseas aused death ES  ANY, GIVIN STATING THE ST.  TIONS CONNOT RELATE CAUSING IN PLASE ABOUT HOME, file which the second the second terms of the	(B)	OF OPERA Y (e.g., io c office bldg., etc	TION 21C. WHERE DID INJURY OCCUR?			ty, give	YES NO	
EDICAL	OTHER STRIBUTING TO THE DISA. DATE COLUMN CO	ANTECEDE S OR COND HE ABOVE C YING COND SIGNIFICAN G TO THE DE ISEASE OR C DF OPERATI DENT WAS I R CONTRIB DEATH (Month) (Di	etc. It mean which con which con which con the condition is condition on the condition of the condition on the condition of the condition on t	f dying, e. gas the diseas aused death ES  ANY, GIVIN STATING THE ST.  TIONS CONNOT RELATE CAUSING I BB. MAJOR  21B. PLA about home, f	(B)	Y (e.g., io combos bldg., etc	ZIC. WHERE DID INJURY OCCUR?	NJURY O	CCUR1		YES NO	- T
EDICAL	OTHER STRIBUTING TO THE DISA. DATE COLUMN CAUSE OF CAUSE	ANTECEDE S OR COND THE ABOVE C YING COND SIGNIFICAN G TO THE DE SISSASE OR C DEFORMATION OF OPERATION (Month) (De Significan Contribution) (Month) (De Significan Contribution)	etc. It mean which con which con the control of the	f dying, e. gas the diseas aused death ES  ANY, GIVIN STATING THEST.  TIONS CONNOT RELATE CAUSING I BE. PLA about home, f (Hour)  m.	(B)	Y (e. g., io common blog, etc	or 21c. WHERE DID INJURY OCCUR?	NJURY O	CCUR7	9 <b>5</b> , th	YES NO Pexact location)  at I last saw ti	he
EDICAL	OTHER STRIBUTING TO THE DISA. DATE COLUMN CAUSE OF SINJURY	ANTECEDE S OR COND THE ABOVE C YING COND SIGNIFICAN G TO THE DE SISSASE OR C DEFORMATION OF OPERATION (Month) (De Significan Contribution) (Month) (De Significan Contribution)	etc. It mean which con which con the control of the	f dying, e. gas the diseas aused death ES  ANY, GIVIN STATING THEST.  TIONS CONNOT RELATE CAUSING I BE. PLA about home, f (Hour)  m.	(B)	Y (e.g., io confice bldg., etc	or 21c. WHERE DID INJURY OCCUR?	NJURY O	CCUR7	95, th	YES NO	hee.
MEDICAL	OTHER STRIBUTING OTHER STRIBUTING TO THE D  19A. DATE C  21A. ACCIE LYING OCAUSE OF 21D. TIME 1NJURY 22. I hereb deceased a. 23A. SIGNA	ANTECEDE SOR COND HE ABOVE C YING COND SIGNIFICAN G TO THE DE ISEASE OR C DEFOTERATI OPENT WAS I R CONTRIB DEATH (Month) (De I've certify t live on D TURE	etc. It mean which con which con which con later (A) it IONS, if AUSE (A) it ION LASS (A) it I	f dying, e. gas the diseas aused death ES  ANY, GIVIN STATING THE ST.  TIONS CONNOT RELATE CAUSING I DEB. MAJOR  (Hour)  m.  ended the  195/	(B)	Y (e.g., io complete bldg., etc	21c. WHERE DID INJURY OCCUR?  21f. HOW DID II  21f. HOW DID II  21f. HOW DID II  32f. 19 57.  36d at 25 2m., f.	NJURY O	CCURT  103/, 1  causes and o	9.5, then the de	exact location)  at I last saw to the stated above. DATE SIGNED	he e.o.
MEDICAL	OTHER STRIBUTING TO THE DISA. DATE COLUMN CAUSE OF CAUSE	ANTECEDE SOR COND HE ABOVE C YING COND SIGNIFICAN G TO THE DE ISEASE OR C DF OPERATI OPERATI OPERATI (Month) (De TURE CREMA- CREMA- CARAMA- CA	etc. It mean which con which con the control of the	f dying, e. gas the diseas aused death ES  ANY, GIVIN STATING THE ST.  TIONS CONNOT RELATE CAUSING I DEB. MAJOR  (Hour)  m.  ended the  195/	(B)	Y (e.g., io complete bldg., etc	21c. WHERE DID INJURY OCCUR?  21f. HOW DID II  21f. HOW DID II  21f. HOW DID II  32f. 19 56.	NJURY O	CCURT  26 3/ , 1  causes and o	95, the n the do	exact location)  at I last saw to the stated above. DATE SIGNED	he e.o.
MEDICAL	OTHER STRIBUTION  OTHER STRIBU	ANTECEDE S OR COND THE ABOVE C YING COND BIGNIFICAN G TO THE DE DEATH OF OPERATI	II CONDITION DATE OF THE PROPERTY OF THE PROPE	dying, e. gas the diseas aused death ES  FANY, GIVIN STATING THE ST.  TIONS CONNOT RELATE CAUSING I PB. MAJOR  218. PLA about home, f (Hour) m.  ended the f, 19 5 / 19 5	(B)  (B)  (C)  (C)  FINDINGS O  ACE OF INJUR  FINDINGS O  ACE OF INJUR  Corm, factory, street, or  WHILE AT  deceased from  and that dean	Y (e. g., io confice bldg., etc	21c. WHERE DID INJURY OCCUR?  21f. HOW DID II  21f. HOW DID II  21f. HOW DID II  21f. HOW DID II  21f. HOW DID II	NJURY O	CCURT  103/, 1  causes and o	95, then the do	at I last saw to ate stated above. DATE SIGNED STREET	he e.o.
MEDICAL	OTHER STRIBUTING TO THE DISA. DATE COLOUR DEPT. DISA. DATE COLOUR DISA. DATE COLOUR DISA. DISA. SIGNA. BURIAL, BURIAL, BURIAL,	ANTECEDE S OR COND THE ABOVE C YING COND SIGNIFICAN G TO THE DE ISEASE OR C DF OPERATI	etc. It mean which con which con which con later (A) it IONS, if AUSE (A) it ION LASS (A) it I	dying, e. gas the diseas aused death ES  FANY, GIVIN STATING THE ST.  TIONS CONNOT RELATE CAUSING I PB. MAJOR  218. PLA about home, f (Hour) m.  ended the f, 19 5 / 19 5	(B)  (B)  (C)  (C)  FINDINGS O  ACE OF INJUR  FINDINGS O  ACE OF INJUR  Corm, factory, street, or  WHILE AT  deceased from  and that dean	Y (e. g., io confice bldg., etc	21c. WHERE DID INJURY OCCUR?  21f. HOW DID II  21f. HOW DID II  21f. HOW DID II  32f. 19 57.  36d at 25 2m., f.	NJURY O	CCURT  26 3/ , 1  causes and o	95, then the do	exact location)  at I last saw to the stated above. DATE SIGNED	he e.o.
MEDICAL	OTHER STRIBUTING OTHER	ANTECEDE S OR COND THE ABOVE C YING COND SIGNIFICAN G TO THE DE ISEASE OR C DF OPERATI	II CONDITION DATE OF THE PROPERTY OF THE PROPE	dying, e. gas the diseas aused death ES  FANY, GIVIN STATING THE ST.  TIONS CONNOT RELATE CAUSING I PB. MAJOR  218. PLA about home, f (Hour) m.  ended the f, 19 5 / 19 5	(B)	Y (e. g., io confice bldg., etc	21c. WHERE DID INJURY OCCUR?  21f. HOW DID II  21f. HOW DID II  21f. HOW DID II  21f. HOW DID II  21f. HOW DID II	NJURY O	CCURT  26 3/ , 1  causes and o	95, then the do	at I last saw to ate stated above. DATE SIGNED STREET	he e.o.
MEDICAL	OTHER STRIBUTING OTHER STRIBUTING TO THE D  19A. DATE C  21A. ACCIE LYING OCAUSE OF 21D. TIME 1NJURY  22. I hereb deceased a 23A. SIGNA ALL BURIAL, ON REMOVAL (SA ATE RECEIVE	ANTECEDE S OR COND THE ABOVE C YING COND SIGNIFICAN G TO THE DE ISEASE OR C DF OPERATI	II CONDITION DATE OF THE PROPERTY OF THE PROPE	dying, e. gas the diseas aused death ES  FANY, GIVIN STATING THE ST.  TIONS CONNOT RELATE CAUSING I PB. MAJOR  218. PLA about home, f (Hour) m.  ended the f, 19 5 / 19 5	(B)  (B)  (C)  (C)  FINDINGS O  ACE OF INJUR  FINDINGS O  ACE OF INJUR  Corm, factory, street, or  WHILE AT  deceased from  and that dean	Y (e. g., io confice bldg., etc	21c. WHERE DID INJURY OCCUR?  21f. HOW DID II  21f. HOW DID II  21f. HOW DID II  21f. HOW DID II  21f. HOW DID II	NJURY O	CCURT  26 3/ , 1  causes and o	95, then the do	at I last saw to ate stated above. DATE SIGNED STREET	he e.o.



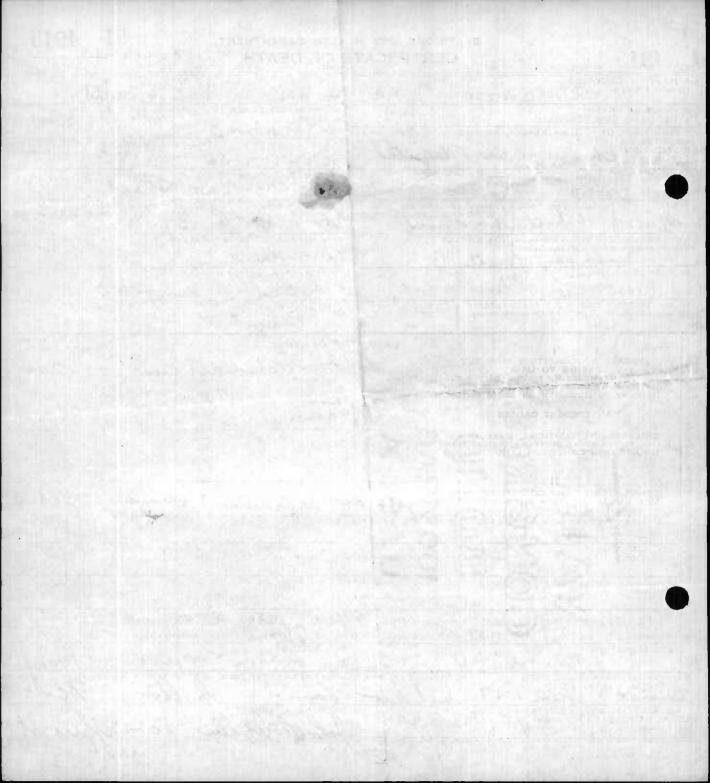
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4913 Registered No.

BIRTH NO.					
	Jessie C	Carr		2. DATE OF DEATH MAI	429/51
3. PLACE OF DEATH: A. Baltimore City, Maryland		Chase S	4. USUAL RESIDENCE (V	where deceased lived. If in	kitution: résidence beforé admission)
B. FULL NAME OF (If not in he HOSPITAL OR	ospital or institution, giv	e street address or location)	c. CITY OR TOWN _ III	outside corporate limits,	MENTS RITEAL and save
INSTITUTION			Ball	limore 10	) - O   township)
		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
c. Igth of stay in Baltimor		Days	9056.6	hase It.	
5. SEX 6. COLOR OR RA		RIED. VORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Mulicipal Month	ths Days Hours Min.
TOMAL WHILE	sug	-	Jan 2, 1892	59	
work done during most of working life, even if re		NDUSTRY	11/ BIRTHPLACE (State or fo	preign country	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	/sasi	Queni	14. MOTHER'S MAIDEN N	More 1	
John	J. Carr		Panes	, I Holden	
(Yes, no or unknown) (If yes, give war or	AMED FORCES? 16. S	SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS /
	2.12	-05-54	64 Heaven	v Carr 905	G. Chose St
18. /75X,		CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITI	ON DIRECTLY	Dd.	ela enreinal	an Auneu	18 Mass
(This does not mean the me heart failure, asthenia, etc. It	ode of dying, e.g.,	(A)	eno edreinon h Abdeminol (	na, overy,	0 10,00.
injury or complication whi		DUE TO WIT	n Abdeminer i	inclasis	
ANTECEDENT C	AUSES				
O DISEASES OR CONDITION			••••••••••••••••••••••••		
RISE TO THE ABOVE CAUSE UNDERLYING CONDITION		DUE TO			
<u>U</u>					
E III	-	(C)			
OTHER SIGNIFICANT CO	BUT NOT RELATED				
194. DATE OF OPERATION		INGS OF OPER	ATION		20. AUTOPSY?
NA N					YES NO
Z1A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		FINJURY (e. g., in cory,street, office bldg., e		If in Baltimore City, give	ve exact location)
21D. TIME (Month) (Day) (Y	(ear) (Hour)   21E. IN	NJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
INJURY	m. WHILE AT	NOT WHILE			
22. I hereby certify that I		700	.C. 1950 to M	ay 29.19V/	that I last saw the
deceased alive on Mdy	28, 1911, and ti	hat death occur		he causes and on the	
23A SIGNATURE	01000000	2	3B. ADDRESS	R. nb	23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DA	anne	M. D.	RY OR CREMATORY 24D. L	OCATION (City, town, o	r county) (State)
24A. BURIAL, CREMA- 24B. DA. TION, REMOVAL (Specify)	24C. N	AME OF CEMETE	RY OR CREMATORY 24B. L	2 DI-	reducty) (State)
DATE RECEIVED BY I REGISTE	RAR'S SIGNATURE	Med	25-FUNERAL DIRECTOR	salumor	ADDRESS
LOCAL REGISTRAR	the transfer	ted Advan	PIE VIE	2.0.010	EB 100 81
111111111111111111111111111111111111111	The state of the s	Company of the Compan	ma will	sigua 1000	. Weally
VS 150	I was birthing 2	position of I	4 7 0 2	//	1600

See Document File 51-4914
7/16/51
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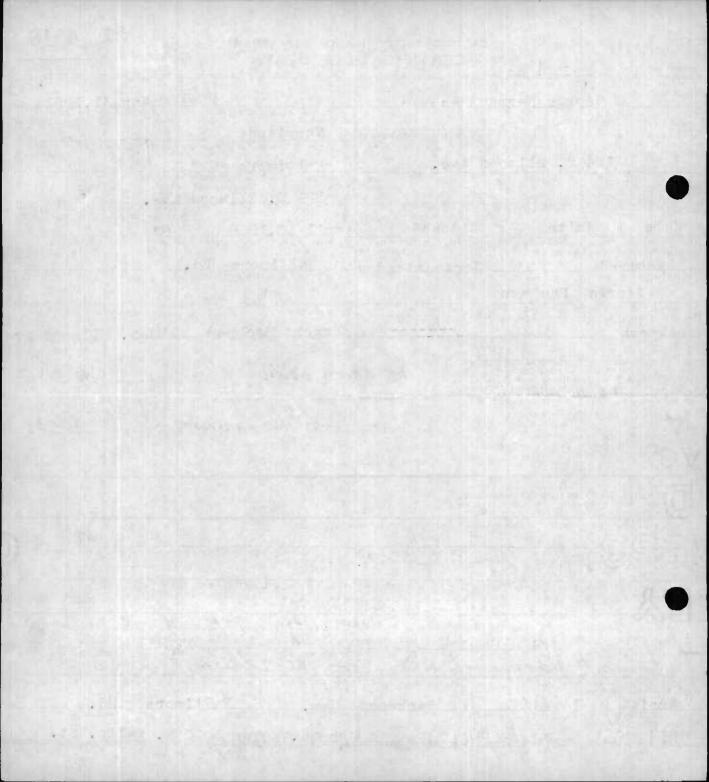
1	512				EALTH DEPARTMENT E OF DEATH	51 Registered No	4915
BI	C ON HTR	Parameter T		CERTIFICAT	E OF DEATH		
1. (T	NAME OF D		BAC4	MR	JOHN	2. DATE OF DEATH 5 30	51
3.	PLACE OF D	EATH: City, Maryland	Male and		4. USUAL RESIDENCE (Wh	ere deceased lived. If in	stitution: residence before admission)
В.	FULL NAME		ospital or instituti	ion, give street address or	MARGUAND		DI
	SPITAL OR	Church	Homes T	Hotel [ location)		utside corporate limits,	Write HURAL and give township)
2		much	1) UNG		1345 TW1086	3	***************************************
a		tay in Baltimor		Yrs. Mos. Days	38/3/2 RV	ral, give location)	131 N . Kose
5.	Mule	6. COLOR OR RA	WIDOW	E, MARRIED, VED, DIVORCED (Specify)		9. AGE (In years last birthday) 57	hs Days Hours Min.
	done during host o	CUPATION (Givek of working life, even if re		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country) 1	2. CITIZEN OF WHAT GONTRY?
13	FATHER'S		ITILK		14. MOTHER'S MAIDEN NAI	ME	
	RIM	BACIT	hu	trank	WEBER	mangaret	
	. WAS DECEASI	D EVER IN U.S. A	RMED FORCES? r dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Patent.	ADI	DRESS
	18. 24/	X		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITI	ON DIRECTLY	11			ONSET AND DEATH
		LEADING TO not mean the m	DEATH	K. (A)	etus ashma	li cus	120ays
	heart failt	re, asthenia, etc. I complication wh	t means the diseas	se,			
		ANTECEDENT O		(U)	Lette and		Wells
Z				(B)			7000
CATIO	RISE TO T	S OR CONDITION THE ABOVE CAUSE YING CONDITION	(A) STATING TH				
F		11		(C)			
ERTIF	TRIBUTIN	GIGNIFICANT CO	BUT NOT RELATE	ED Mystara	in degreeatur	Flanners.	years.
O		F OPERATION		FINDINGS OF OPER		Cursos	20. AUTOPSY?
CAL		- 495					YES NO
EDI	21A. ACCIDI HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., farm,factory,atraet,officabldg.,		in Baltimore City, giv	e exact location)
Σ	21D. TIME	(Month) (Day) (	Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
L	INJURI		m.	WHILE AT NOT WHILE AT WORK			
	22. I hereb	y certify that	I attended the	deceased from 5	124 , 1951, to 5	30 ,15	that I last saw the
	deceased a		30,195/	and that death occil	rred at 9 50 Pm. From th	e causes and on the	
	23A. SIGNA	TURE my	ne me	М. D.	Shuch Home T	Thopetal	S 30 S
2 11	Burial,	CREMA! 21B. DA	TE 4-51	Bal Law	ERY OR CREMATORY 24D. LO	Rallo.	r county (state)
	ATE RECEIVE		RARIS SIGNATI	auth Mil	La Se Malle	> 2334/	Shear St.
	VS 150	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	or district	74 SEL	The same file	00	1240
				//			107.0



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4916

Registered No\_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF George Herman Bachman DEATH DEATH May 31 1951
4. USUAL RESIDENCE (Where deceased lived, if institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits vrit WORAL and give township) 124 S. Ellwood Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 124 S. Fllwood Ave ATE OF BIRTH 9. AGE (In years of Under 1 Year last birthday) Months Days Hours Min. agth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Male White Widowed April 13.1868 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore Md. Retired
13. FATHER'S NAME Confectionary 14. MOTHER'S MAIDEN NAME George Bachman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Herbert Bachman unknown 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) ARTERIOSCLEGOCIS (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) CHR. INT. NOPHRITIS 2 YRS. FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20 AUTOPSY YES EDICA 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 2 IE. INJURY OCCURRED INJURY 22. I hereby certify that I attended the deceased from Jove 194819, to MAY 31, 1957, that I last saw the deceased alive on M11 >c , 1941, and that death occurred at 6 A. m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A BURIAL, CREMA-TION, REMOVAL (Specify) AC. NAME OF CEMETERY OR CREMATORY 24B. DATE Burial Baltimore Parkwood Md . ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR John A Moran 3000 E. Balto. St. VS 150

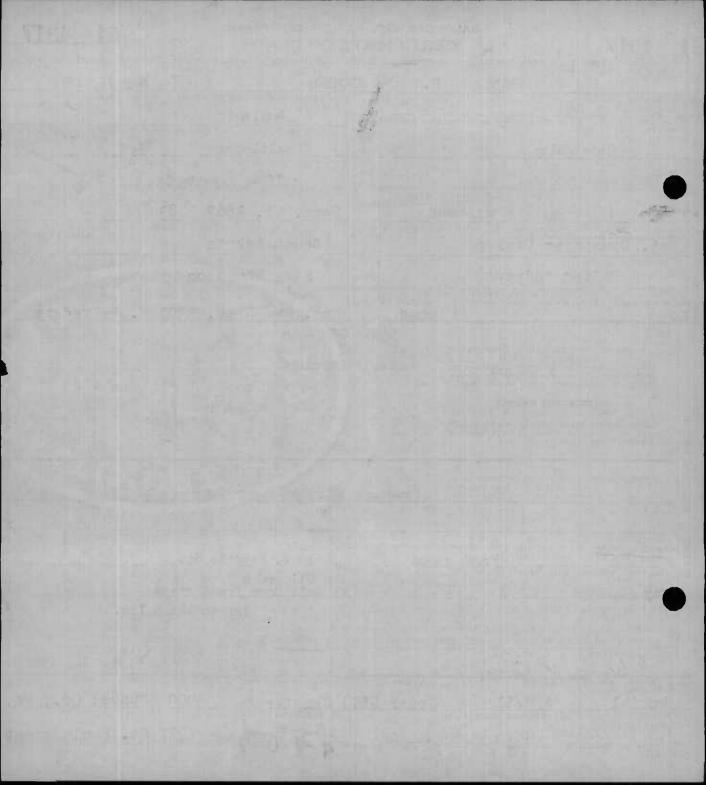


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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1 4917

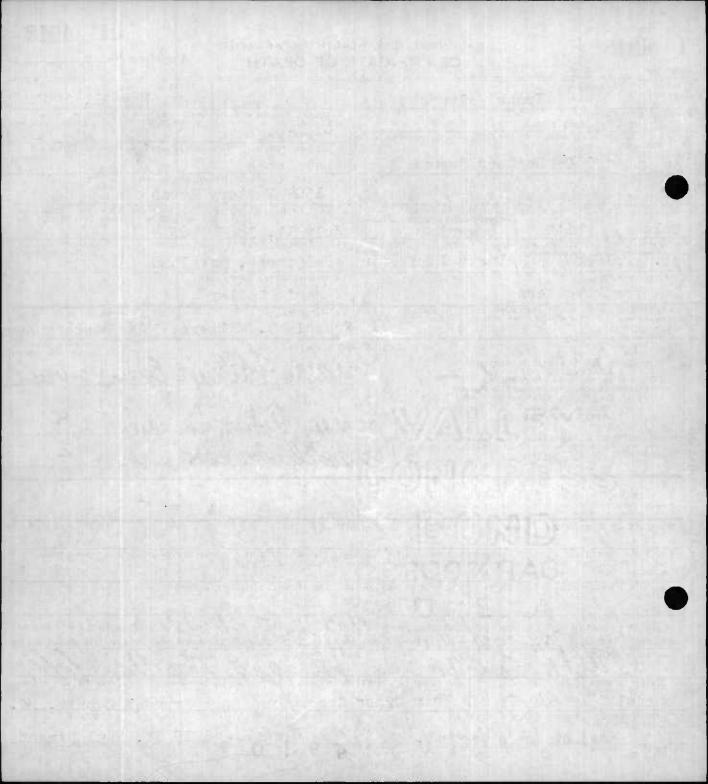
BI	RTH NO.71	CERTIFICATI	E OF BEATH	
1.	NAME OF DECEASED		2. DATE	
(.13	FRANK	P. AN	DREWS DEATH May 31	, 1951
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY	itution: residence before admission)
	FULL NAME OF (If not in hospital or instituti		Mayland	-7
	SPITAL OR STITUTION	location)	C. CITY OR TOWN (If outside corporate limits, )	ite LUB if and give township
	University		Baltimore	001111011112
		Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	
0	ngth of stay in Baltimore	Days	510 W. Fayette St.	
3	X 6. COLOR OR RACE 7. SINGLE WIDOW	E. MARRIED, /ED, DIVORCED (Specify)	last hirthday) Month	s: Days   Hours : Min.
	Male   White   wido		Sept. 12, 1867 83	
	A. USUAL OCCUPATION (Give kind of 10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired) Ret. Newspaper Dealer	,	South Dakota	
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Walter Andrews		Mary Thompson	
15	WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	17. INFORMANT ADD	RESS
(Yes	no or unknown) (If yes, give war or dates of service)	security No.	Mrs. Eva Shea, 3301 W. Be	lvedere
11	10 11			INTERVAL BETWEEN
	18. E 900.0		OF DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			
	(This does not mean the mode of dying, e., heart failure, asthenia, etc. It means the disease	g., (A)Skull.L	fracture	
	injury or complication which caused death			
	ANTECEDENT CAUSES			
7	DISEASES OF CONDITIONS IF ANY CIVIL	(B)		
Ö	DISEASES OR CONDITIONS, IF ANY, GIVING THE ABOVE CAUSE (A) STATING TO			
AT	UNDERLYING CONDITION LAST.	(C)		
CERTIFICATION	II.			
	OTHER SIGNIFICANT CONDITIONS CON			
R	TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING I	Fracture	of right femur	
Ū	19A. DATE OF OPERATION   19B. MAJOR	FINDINGS OF OPER	RATION	20. AUTOPSY?
ᆜ				YES NO X
EDICAL		ACE OF INJURY (e.g., i	n or 21C. WHERE DID (If in Baltimore City, give otc.) INJURY OCCUR?	exact location)
	UNDERCTINO E OF DEATH	steps	510 W. Fayette St.	
Σ		21E. INJURY OCCURR		110
F		WHILE AT NOT WHILE		4/2
L	2. I certify that I took charge of the			howen and trom
			Autopsy, Inspection or Inquiry	To the activity of the
	the evidence obtained by said Auto	opsy, Inspection or I	Inquiry, find that said deceased died on the as [], accident [X] suicide [], homicide [], und	aay svatea avove,
	23A. SIGNATURE	Tom. manara: canso	LASS CHIEF MCDICAL EVAMINED 31 230 1	DATE SIGNED
	William 1/	M	ASSISTANT MEDICAL EXAMINER May	31, 1951
24	A. BURIAL, CREMA- 24B. DATE N, REMOVAL (Specify)		RY OR CREMATORY 24D. LOCATION (City, town, or	county) (State)
TIC	N. REMOVAL (Specify)		Amma Amma A	
D	burial   6/2/51		1 Cemetery Anne Arunge	DDRESS
LC	CAL REGISTRAR	Minus Mar	. 0 00	onl Stroot



### BALTIMORE CITY HEALTH DEPARTMENT

51 4918

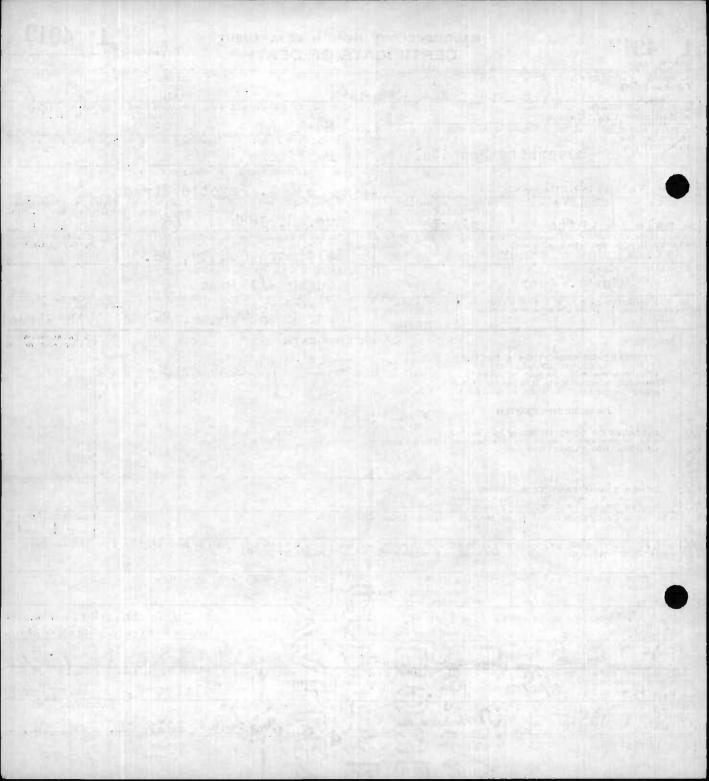
Registered No .\_ CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) Frank Walters May 31 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Marvland HOSPITAL OR location) (If outside corporat al mits, write RURAL and give C. CITY OR TOWN INSTITUTION 1504 Battery Avenue township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1504 Battery Avenue ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) male white married 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF Ret Molder INDUSTRY WHAT COUNTRY? Insulator Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Walters Mamie Goller 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uaknown) SECURITY NO. Francis S. Walters, 1504 Battery Ave INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the diseasc, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-CE TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY WHILE AT AT WORK WORK 195e, to\_ 22. I hereby certify that I attended the deceased from. , 19\_\_\_, that I last saw the 19 M, and that death occurred at 73 deceased aline on Am., from the causes and on the date stated above. 23A. SIGNAPORI 23B. ADDRESS 23C DATE SIGNED 24A. BUR AL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Holy Cross Cemetery | Ar burial Anne Arundel County, DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Wm. Coole 1217 St. Paul



### BALTIMORE CITY HEALTH DEPARTMENT

51 4919

BIRTH N	1010		CERTIFICATI	E OF DEATH	Registered	No.
	OF DECEASED		·n -	٨	2. DATE OF	
	E OF DEATH: more City, Maryland	my	clyer	4. USUAL RESIDENCE (V	DEATH	If institution: residence before admission)
	NAME OF (If not in hospital OR		on, give street address or location)	Maryland		nits, write RIDAL and give township)
- Provi	th of stay in Baltimore	E	Yrs. Mos.	D. STREET ADDRESS (If		_
5. SEX	6. COLOR OR RACE	WIDOWE	ED, DIVORCED (Specify)	638 W. Faye	9. AGE (In years last birthday)	If Under 1 Year H Under 24 Hours Months Days Hours Min.
work done du	e white  HAL OCCUPATION (Give kind of ring most of worklog life, even if retired)  Window Cleane	108. KIND	of Business or INDUSTRY	Aug. 8, 1884 11. BIRTHPLACE (State or f Baltimore Cour	,	12. CITIZEN OF WHAT COUNTRY?
13. FATH	John W. Ayer:	5		14. MOTHER'S MAIDEN N Susan William	AME	
15. WAS I (Yee, no or o	DECEASED EVER IN U.S. ARME inknown) (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	Mrs. Emma Warr		ADDRESS  . 34th Street
NO DI RIS	LEADING TO DEA his does not mean the mode art failure, asthenia, etc. It mer iury or complication which  ANTECEDENT CAU  SEASES OR CONDITIONS, SE TO THE ABOVE CAUSE (A) NDERLYING CONDITION L  II THER SIGNIFICANT COND	of dying, e. g. ans the disease caused death. SES  IF ANY, GIVING STATING THE AST.	(B)	one Buly	nonouy (	
U TO	THE DISEASE OR CONDITION	NOT RELATED		ATION		20. AUTOPSY?
Ном!	ACCIDENT, SUICIDE, ICIDE (Specify)		CE OF INJURY (e. g., in rm,factory,atreet, office bldg.,		If in Baltimore City,	, give exact location)
	TIME (Month) (Day) (Year NJURY	w	IE. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
deced	hereby certify that I at assed alive on 6 - 1	tended the co	nd that death occur	31- red at 240 am., from to 38. ADDRESS		that I last saw the the date stated above.
_bur			St. Mary's	1 Ha see so a a see 1.	Baltimore,	Maryland Address
vs	150	7	7538.	Wm. Confe. 9	ac, 1217 St	t. Paul St.



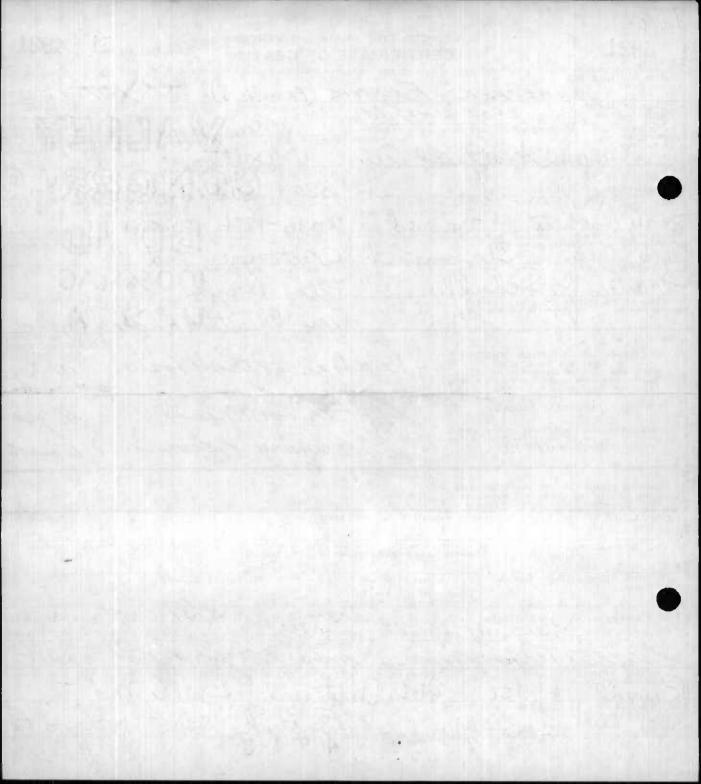
525 4920
BIRTH NO.
1. NAME OF DI (Type or Print)

## CERTIFICATE OF DEATH Registered No. 4920

BIRTH NO.	CERTIFICATI	E OF DEATH	- Tropicated	
1. NAME OF DECEASED (Type or Print)	Frederick	Johnson (	OF DEATH MA	ry 30-1951
A. Baltimore City, Maryland		A USUAL RESIDENCE	(Where deceased lived, If	nstitution: residence before admission
B. FULL NAME OF (If not in hospital or institu	ition, give street address on location)	C. CITY OR TOWN	(If outside corporate limit	CS OFFID RURAL and We
INSTITUTION 4507 / Ham	mett live	491	Minoie	township
	Yrs. Mos.	D. STREET ADDRESS	(If fural, give location)	4/
d hgth of stay in Baltimore  5. SEX   6. COLOR OR RACE   7. SINGLE	Days	La. Date of Birth	amprel	thue
The ale Dul # WIDOW	E. MARRIED. WED, DIVORCED (Specify)	B. DATE OF BIRTH	ast birthday) M	If Under 24 Hours onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIN	D OF BUSINESS OF	VI. BIRTHPLACE (State o	ratoreign country)	12. CITIZEN OF
work doos during wost of working life, even if retired)	LEWS NDUSTRY	Baltin	use med	WHAT COUNTRY
13 FATHER'S NAME	CEMPASIN.	14. MOTHER'S MAIDEN	NAME	
John J. Johnson	Sr.	Ś	Treaning	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no or unknowo) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	18V6 0 P	DDRESS 4507
		Mr. Mayno	red Dunso	n Hamprett
18.470.1		OF DEATH	//	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.	+	many The	welling.	1 de
heart failure, asthenia, etc. It means the disea injury or complication which caused deat	ise,	, , , , , , , , , , , , , , , , , , ,		, wey
ANTECEDENT CAUSES			1.	
z	(B) 60 048	nary fel	luces	5 years
DISEASES OR CONDITIONS, IF ANY, GIVI RISE TO THE ABOVE CAUSE (A) STATING T UNDERLYING CONDITION LAST.	THE DUE TO			
0	(C)			
11				
OTHER SIGNIFICANT CONDITIONS CO	rEO			
O TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION   19B. MAJOR	R FINDINGS OF OPER	ATION		20. AUTOPSY?
O 21s ACCIDENT WAS HADED 21B PI				YES NO Y
E I ZIA, ACCIDENI WAS UNDER- I ZID. Z	ACE OF INJURY (e. g., ic o, farm, factory, street, office bldg., e		(If in Baltimore City,	give exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJU	JRY OCCUR?	
m.	WHILE AT NOT WHILE			
22. I hereby certify that I attended the	e deceased from	1935,19 to	5-30-,195	that I last saw the
	and that death occur		n the causes and on t	he date stated above
23A. SIGNATURE	M. D. 2	JEAR AMENIA	1 Board	23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATOR 240	. LOCATION (City, town	, or county) (State)
TION REMOVAL (Specify)	Tarken	god X	Sallo 1	nd
DATE RECEIVED BY REGISTRAR'S SIGNAT	URE'	25. FUNERAL DIRECTO	R / / //	ADDRESS
JUN 1 1951   Linke ton Kl	11:	Speck,	N305 Har	ford the
VS 150	Washington Co.	1	· /	10,10

Dr. Teake

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland 2804 A. STATE B. CQUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN outside corporate limits write RERAL and give INSTITUTION (ownship) mare (If rural, give location Yrs. Mos. gth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. AGE (In years If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify st birthday) | Months: Days | Hours: Min. Thanne 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11\_BIRTHPLACE (State or foreign country) 12. CITIZEN OF done duling most of working life, even if retired) INDUSTR WHAT COUNTRY? man 3. FATHER'S NAME uncis 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL (Yes, no or unknown) (If yes SECURITY NO. TERVAL BETWEEN 332 X SNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! WHILE AT WORK 22. I hereby certify that I attended the deceased from. 199/, that I last saw the and that death occurred at fine m., from the causes and on the date stated above. deceased alive on 5/3/ 190/ 23A SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 1000 244 BURIAL, CREMA-TON REMOVAL (Specify) 24c. NAME OF CEMETERY 24D. KOCATION (City, town, or county) 24B. DATE OR CREMATORY DATE RECEIVED BY 25-LOGAL REGISTRAR VS 150



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

18/X Registered No....

L 4366 CERTIFICATE	OF BEATH	4322
1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:  (a) State (b) County	
(b) Street address 5/7 S. CURLEY ST. (c) Hospital or institution:	(c) City or town BAATO . (If outside city or town limits, write RURAL	and give town)
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No	Yes or No)
Length of stay in Baltimore (yrs., mos., or days)	If yes, name country	*******************
Samuel NAME SAMUEL NAZZA	RO POTENTIA MARIENTA	atural BE
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
No.	20. DATE OF DEATH 5/30/ 19.5/	at 8 PM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above stated	
M divorced.	ed deceased from HPAIL 1 1951, to MA	69 .
6 (b) Name of husband or wife	and that I last saw h. 1 alive on 5/3019	
6 (c) If alive, give age years	Immediate cause of death	Duration
7. Birth date of deceased (mo., day, yr.) MAV 1864	CARCINOMA OF	LVR
8. AGE: Years   Months   Days   If less than one day	BLADDER	
87hrmin.	Due to	***************************************
9. Birthplace / A PLES / TALY  (Town, county, and state)  10. Usual Occupation / B. R. E.R.  11. Industry or business BALTO. CITY	Other Conditions ARTER 10 SCLER 15   3	
12. Name	(Include pregnancy within 3 months of death)  Date of operation	PHYSICIAN Underline the
14. Maiden Name  15. Birthplace	Major findings of operation:	cause to which death should be charged statis- tically.
16 (a) Informant	22. If death was due to external causes, fill in the foll	owing:
(b) Address	(a) Accident, suicide, or homicide	
(Burial, cremation, or removal)  (c) Cemetery or crematory.  (b) Date thereof (month) (day) (year)	(b) Date of occurrence	y) (State) lace, in public
18 (a) Funeral director. A	(Specify type of place)  (e) Means of injury  23. Signature	M. D.
(Date rec'd by Yegistrar)  VS 150	Address 103 0-6 Abs/04- Date signed	2 B

### INSTRUCTIONS FOR MEDICAL CERTIFICATION

ALTINOME CITY HIMLITH DEPARTMENT OFFRITZANCE OF DEATH

#### WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

#### DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

#### DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

#### DEFINITION OF OTHER CONDITIONS:

. Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4923 Registered No.

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) toward DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution residence 3. PLACE OF DEATH B. COUNTY A. Baltimore City, Maryland A. STATE before admission) Marylan B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CLEY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township Home + Hospita timore Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Tanover Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) if Under 1 Year Il Under 24 Hours 5. SEX F OF BIRTH last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) Ingle 1 BIRTHPLACE (State or foreign country 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY atractor ontractor IMORE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) With Terminal Urema ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. ERTIFI 11 OTHER SIGNIFICANT CONDITIONS CONhodenal Ulcer. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF 20. AUTOPSY 21A. ACCIDENT, SUIDIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE 22. I hereby certify that Lattended the deceased from May, 195, that I last saw the Pm., from the causes and on the date stated above. 3/ // au 1901. and that death occurred deceased alive on\_ 23 . SIGNATURE 23c. DATE SIGNE REMOVAL (Specify) TION DATE RECEIVED BY ADDRESS LOCAL REGISTRAR

the property of the property of the party of 

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A.	4924
BIRT	H NO.

51 4924

BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE JAMES EDWARD BONNEY, Sr. OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1SALTU D. STREET ADDRESS ,(If rura), give location) Yrs. 3313 Liberta ength of stay in Baltimore Davs B. DATE OF BIRTH 9. AGE (In years) 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 6-16-1871 MARRIED 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY work dooe during most of working life, even if retired) INDUSTRY BALTIMOYE salesman (rtd) Insurance 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Zdw JONNE 15. WAS DECEASED EVER IN U. S. ARMED FORCES! 16. SOCIAL (If yes, give war or dates of service) (Yes, oo or ookoown) SECURITY NO. Mr. James E. Bonney, Jr. 3413 Cedardale none INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Orteriose levotic CVN = Cardias failure LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE To aggravated by: -) injury or complication which caused death.) ANTECEDENT CAUSES (B) INTESTINAL obstruction, complete DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONon & Entero Enteroston TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION EDICAL otherwiting Digmoid proximally YES 218. PLACE OF INJURY (e.g., in or | 21c. WHIRE Du (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE! WHILE AT WORK 5-20 . 1957, that I last saw the 195/ to\_ 22. I hereby certify that I attended the deceased from\_ deceased alive on Co-V 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial Meadowridge Mem. Pk. Wash. Blvd. Dorsey. Md. 25 FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE

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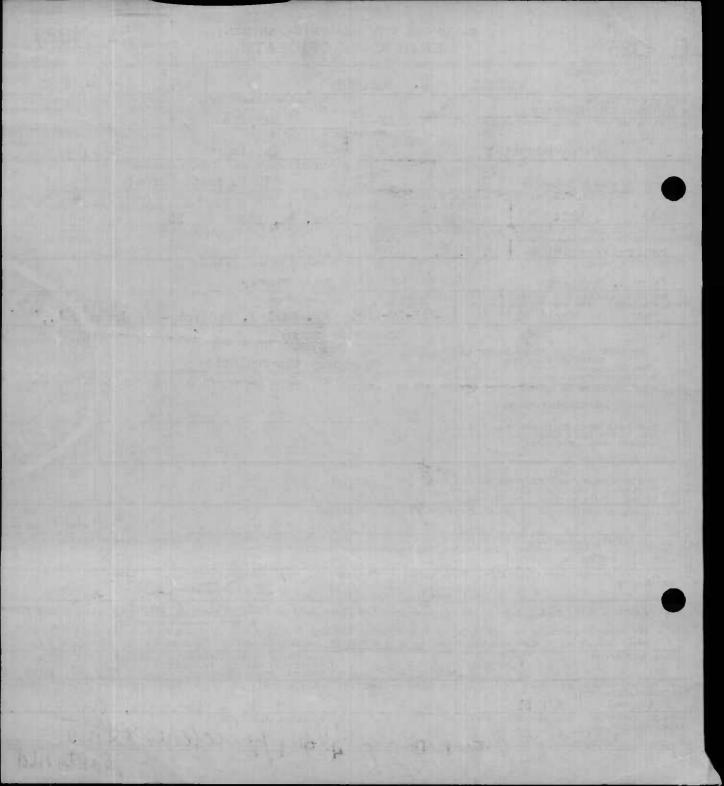
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BIRT	4 No	325

### CERTIFICATE OF DEATH Registered No. BALTIMORE CITY HEALTH DEPARTMENT

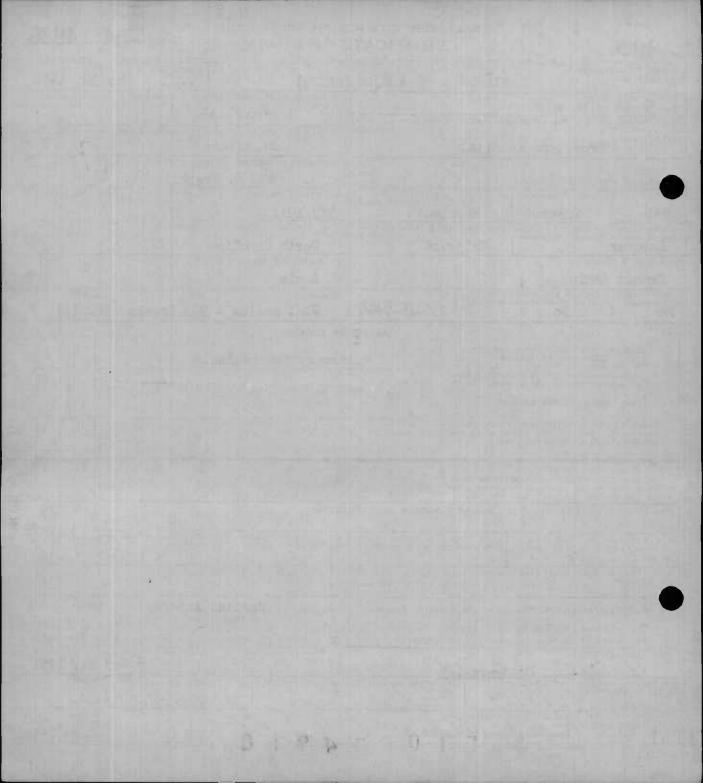
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BI	RTH NO.	7					
	NAME OF Dipe or Print)		SSELL	M. REDDER	RT	2. DATE OF DEATH May 2	29, 1951
Α.		City, Maryland			4. USUAL RESIDENCE (V		
	FULL NAME	OF i not in hospit	al or institut	tion, give street address or location)	Maryland		
	STITUTION			iocation)		outside corporate limits, w	vrite RURAL and give township)
		Mercy Hospi	tal		Baltimore		-01
				Yrs. Mos.	o. STREET ADDRESS (If		
9	ngth of s	tay in Baltimore		Days	612 E. Pi	ratt Street	
5.	X	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH		er I Year   If Under 24 Hours
	Male	White	Sing	VED, DIVORCED (Specify)	Aug. 28. 1900	50	s Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	I 10B. KINI	O OF BUSINESS OR	11. BIRTHPLACE (State or fo		. CITIZEN OF
work		of working life, even if retired)		INDUSTRY			WHAT COUNTRY?
13	FATHER'S	seaman	U.S.	N •	Ohio 14. MOTHER'S MAIDEN N.	3.44 T	
	1				14. MOTHER S MAIDEN N.	AME,	
		Reddert			Mary Kiefer		
(Yes	. WAS DECEASE	D EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT	APB	RESS Ison, N. J.
	yes	World #1	. 11 .	-212-20-2581	Mr. Earl J. Red	ldert - 94 Gree	n Ave
	18. 00	> X		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION	DIDECTIV				ONSET AND OEATH
		LEADING TO DEA	TH	Daslma	onary tuberculosi	S	
	heart failu	not mean the mode ore, asthenia, etc. It mes	of dying, e. ins the diseas	B., (A)		***************************************	
	injury or	complication which	caused deatl	h.) OUE TO			
		ANTECEDENT CAUS	SES				
7	DISEASES	OR CONDITIONS			***************************************	***************************************	
Ö	RISE TO T	OR CONDITIONS, I HE ABOVE CAUSE (A)	STATING T				
F	UNDERLY	ING CONDITION LA	AST.	(C)			
RTIFICATION							
느	OTHER S	IGNIFICANT CONDI	ITIONS COL	N •			
	TRIBUTING	TO THE OEATH, BUT	NOT RELAT	EO			
E G		F OPERATION   1		FINDINGS OF OPER	ATION	1,000	20. AUTOPSY?
	ISA. DAIL O	POPERATION	JB. MAJOR	THE INGS OF OF LIN	ATTON		
DICAL	214 EYTERN	IAL CALICE WAS	1 21B. PL	ACE OF INJURY (e. g., in	or 21c. WHERE DID (I	f in Baltimore City, give	YES NO X
181	UNDERLYING	AL CAUSE WAS	about home,	farm, factory, street, office bldg., e		in Darminote Oily, give	CAUCU IOCUUIOII)
Ш	UTING [] C	AUSE OF DEATH.					
Σ	OF INJURY	Month) (Day) (Year)		21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
	OI MOOKI		m.	WHILE AT NOT WHILE			
B.	2. I certif	u that I took char	ne of the	remaine described a	hone held an Inspecti	ion & Inquiry	harann and from
	22. I certify that I took charge of the remains described a				Autopsy.	Inspection or Inquiry	
	the evi	dence obtained by	said Auto	opsy, Inspection or I	nquiry, find that said de	eceased died on the	day stated above,
	23A. SIGNAT	tin in my opinion	resulted }	rom: <u>natural causes</u>	_ X, accident □, suicide   23B. CHIEF MEDICAL E	□, homiciae □, und	cterminea .
	25A. SIGNAT	INE /	1	20	ASSISTANT MEDICAL	EXAMINER	
24	A. BURIAL, C	REMA-I 24B. DATE	) 11. AA		D. MEDICAL INVESTIGAT		7 30, 1951
TIO	N, REMOVAL (S)	pecify)		24c. NAME of CEMETER	TOR CREMATORY 240. LO	OCATION (City, town, or	county) (State)
	Remova.				2)	Cincinnati. Oh	io
LO	TE RECEIVED	BY REGISTRAR	SSIGNATE	JRE	25. FUNERAL PIRECTOR	1 O/ AI	DDRESS
	JUN 1 10	95114	Will	10	Wan Yala	Mane / X	ms.
V	S 151	- The state of the	17 July	44,400	4		DE KINT A
1 ,	5 1)1	4	Part Black	59591	V	1313 18	ellothu
				0/0 "		100	



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 4926

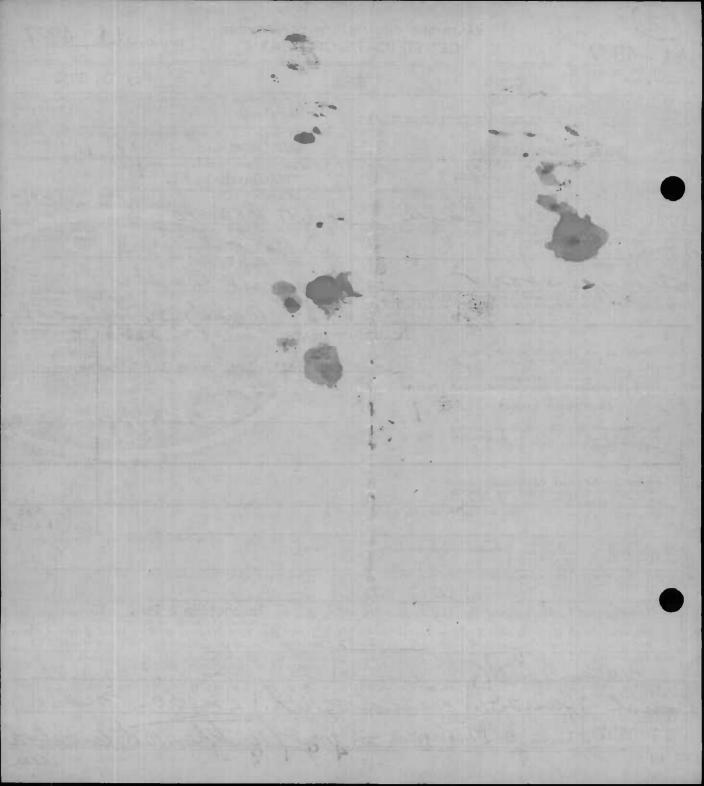
BIRTH NO!	· O					
1. NAME OF (Type or Print	DECEASED	WILSON	ASKINS	(ASKEW)	2. DATE OF DEATH Ma	y 30, 1951
3. PLACE OF A. Baltimore	City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE Maryland B. COUNTY before admission)		
B. FULL NAM		tal or instituti	on, give street address or location)			s, write RURAL andgeive
INSTITUTION		ognital		Baltimor		(township)
	1104Tacile II	oppi oar	Yrs.	D. STREET ADDRESS (If		11-00
- Andh of	atom in Doltimone		Mos.		Franklin St.	,
o ligith of	stay in Baltimore	1 7 SINGLE	. MARRIED,	8. DATE OF BIRTH		Under I Year   If Under 24 Hours
Male	Colored	WIDOW	ED, DIVORCED (Specify)	3/9/1914		nths Days Hours Min.
10A. USUAL ( work done during mo	OCCUPATION (Give kind of st of working life, even if retired.		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for North Caroline		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S		1 0423.5	Julu	14. MOTHER'S MAIDEN N		
	t Askins			Annie		
	SED EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT	al	DDDCA
(Yes, no or unknow No	n) (If yes, give war or date	es of service)	230-16-7996	Jas. Askins -		DDRESS (R)
110	110		2,0-10-1,70	oas. Asaliis -	72) RIGITE R	INTERVAL BETWEEN
Z DISEAS TO UNDER UNDER UNDER UNDER TRIBUT TRIBUT	ASE OR CONDITION LEADING TO DEA  Does not mean the mode iture, asthenia, etc. It me or complication which  ANTECEDENT CAU  SES OR CONDITIONS, O THE ABOVE CAUSE (A) ELYING CONDITION L  SIGNIFICANT COND NG TO THE DEATH, BUT DISEASE OR CONDITION	ATH of dying, e. g ans the diseas caused death SES  IF ANY, GIVIN ) STATING TH AST.  DITIONS CON NOT RELATE	(B)	monary tuberculos	3is	ONSET ANO DEATH
(3)	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOFSY?
UNDERLY UTING	RNAL CAUSE WAS ING OR CONTRIB- CAUSE OF DEATH (Month) (Day) (Year	ebout home, f	CE OF INJURY (e.g., i) erm, factory, street, office bldg., e  2 IE. INJURY OCCURRI WHILE AT NOT WHILE	ED 21F. HOW DID INJURY	If in Baltimore City, g	yes No X
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes & accident . suicide . homicide . undetermined .  23a. SIGNAFURE  ASSISTANT MEDICAL EXAMINER						
DATE RECEIVED	ED BY   REGISTRAR	S SIGNATU	TIME OF CEMETE		OCATION (City, town,	
V S 151		7 %	97030	47101		1331/



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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1927

В	FTL NO. 4927		(	JER III.	ICATE	OF DEATH	Registered	1 1102	
1. (T	NAME OF DECEASE type or Print)		LARA	R.	HORR	6	2. DATE Maj	7 31,	1951
	PLACE OF DEATH: Baltimore City, M	aryland			4 A.	USUAL RESIDENCE (	Where deceased lived. B. COUNTY	If institu	tion : residence before admission)
H	FULL NAME OF ( DSPITAL OR ISTITUTION 3704	If not in hospita  Cheshol		on, give street :	address or		If outside corporate lin	mits, write	e RUML and give township)
c	gth of stay in	1 194	Life		Yrs. Mos. Days	STREET ADDRESS (I		5	
5. F	FFMale 6.COL	OR OR RACE	7. SINGLY.	MARRIED.		PATE OF BIRTH 1880	9. AGE (In years last birthday)		Year H Under 24 Hours Days Hours Min.
	A. USUAL OCCUPAT  k done during most of working		10B. KIND	BUSINES	S OR 11 DUSTRY	Balto. In	foreign country)		ITIZEN OF HAT COUNTRY?
13	Berge	- 2/a	cor		14	Erances	Fessle	V	
	5. WAS DECEASE VER , no or unknown) (If ye			16. SOCIAL SECURI	TY NO.	N. May	ks/122 h	ADDRES	won Cl
RTIFICATION	CEAD (This does not meant failure, asthem injury or complication of the complication of the complete of the co	enia, etc. It meat cation which concepts the conditions. If CONDITION LA	FH f dying, e.g., ns the disease aused death.  ES FANY, GIVING STATING THIST.  TIONS CON NOT RELATER	(B) GE DUE TO (C)	Arterio	sclerotic Card	iovascular D	iseas	e
L CE	TO THE DISEASE		/	FINDINGS (	OF OPERATI	ON			20. AUTOPSY?
EDICA	21A. EXTERNAL CAUNDERLYING   OUTING   CAUSE	R CONTRIB-		CE OF INJUF rm,factory,street,		21c. WHERE DID INJURY OCCUR?	(If in Baltimore City	, give ex	act location)
MA	21D. TIME (Month) OF INJURY	(Day) (Year)	w	1E. INJURY	OCCURRED NOT WHILE	21F, HOW DID INJUR	RY OCCUR?		
	the evidence	obtained by	said Autor	osy, Inspect	ion or Ing	e, held an Inspending Autopsy airy, find that said and accident . suicides. Assistant medical assistant medical medical investigation.	, Inspection or Inquired deceased died on e, homicide  EXAMINER    EXAMINER	the day , undete	y stated above, ermined [].
Z	4A. BURIAL (CREMA- D. REMOVAL (Specify)	June 3	451.	Lau	CEMETERY	CREMATOR 24D.	Balx 0.	wn, or cou	nty) (State)
九	ATE RECEIVED BY	REGISTRAR'S	SIGNATUR	aust Ma	Ala	THE TOTAL DIRECTOR	t/c,4101	Edn	usrelegh
V	S 151	45		A SOUTH T		1 9 6		02	D Wien



# BALTIMORE CITY HEALTH DEPARTMENT Registered No. 4928

BIRTH NO. *	CERTIFICAT	E OF DEATH	Trogistered In				
1. NAME OF DECEASED (Type or Print)	Franks. 3/6	(Blaha) Sr.	OF DEATH 3/3	8/51			
3. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	stitution: residence before admission)			
	l or institution, give street address or location)			1			
INSTITUTION	× Auc	Su Hs	outside corporate limits	write KURAL and give township)			
	Yrs.	o. STREET ADDRESS (if	rural, give location				
ngth of stay in Baltimore	life Mos.		ary Ave				
6. COLOR OR RACE	7. SINGLE, MARRIED, WIDDWED, DIVDRCED (Specify) married	October 3, 1889		nder 1 Year H Under 24 Hours the Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of work doos during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or fo	reign country)   1	2. CITIZEN OF WHAT COUNTRY?			
Engineer	B & O R. R. Co.	Baltimore, Md.		U.S.			
13. FATHER'S NAME ( Frank	Blair	14. MOTHER'S MAIDEN NA					
15. WAS DECEASED EVER IN U. S. ARMED		17. INFORMANT	75				
(Yes, no or unknown) (If yes, give war or dates	of service) SECURITY NO.	Sophia Blair (Bl		DRESS			
DISEASE OR CONDITION I LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mear injury or complication which or	DIRECTLY H f dying, e. g., 13 the disease,	of DEATH	Discase	INTERVAL BETWEEN ONSET AND DEATH			
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS	ANY. GIVING STATING THE DUE TO ST. (C)						
TRIBUTING TO THE DEATH, BUT N	TRIBUTING TO THE DEATH, BUT NOT RELATED  TO THE DISEASE OR CONDITION CAUSING IT.						
19a. DATE OF OPERATION 19							
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	YES NO Property No Property No.						
21D. TIME (Month) (Day) (Year) (DF INJURY	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE m. WORK		DCCUR?	DE LIE			
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deeeased died on the day stated above, and death in my opinion resulted from: natural eauses , accident , suicide , homicide , undetermined .  23a. SIGNATURE  23b. CHIEF MEDICAL EXAMINER							
1 / Hul		.D. MEDICAL INVESTIGAT	OR	5/30/51			
24A. BURIAL, CREMA 24B. DATE TION, REMOVAL (Specify)	24C. NAME OF CEMETE		OCATION (City, town, o)	county) (State)			
Burial June 2, 3				lto.Md.			
DATE RECEIVED BY REGISTRAR'S	or Millaus Miss	Schimunek Funera	1 Home, Inc.	L			
UN 1 1951		2601-3-5 E. Madi					
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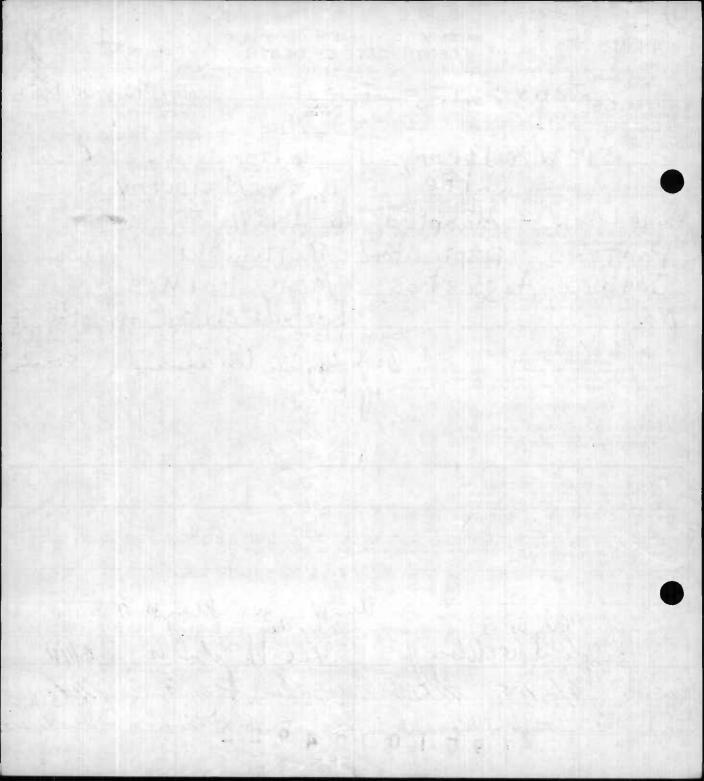
1435			
1 4929  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registe	51 4929 ered No.		
BIRTH NO.			
1. NAME OF DECEASED (Type or Print) BRANTLY TEVE GLADDIWG DEATH	5-31-51		
a. Baltimore City, Maryland UNION MEMORIAL HOSP.  4. USUAL RESIDENCE (Where deceased line. STATE B. COUN	ved, If institution: residence TY perfect diffesion)		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION (If outside corporat	e limits, write RURAL and give		
HUDNION MEMORIAL HOSPITAL POCOMOKECIT	Y		
c. Ength of stay in Baltimore Q down Days D. STREET ADDRESS (If rural, give location Days)	57. 73		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARAJED. WIDOWED, DIVORCED (Specify) OCT/2, 1894 9. AGE (In year last birthda)	ars H Under 1 Year H Under 24 Hours Ay) Months Days Hours Min.		
10A. USUAL OCCUPATION (Givekind of working life, even if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	10.5 A.		
BCTAVIOUS GLADDING FLORENCE NEA	14 (D)		
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war nr dates of service) 16. SOCIAL SECURITY NO.	ADDRESS		
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE, or CONDITION CAUSING IT.	ONSET AND DEATH		
19A. DATE OF OPPRATION 19B. MAJOR FINDINGS OF OPERATION  5-3(-5) X TUMOR RY. FRONTO PLICTHERE 10 W	20. AUTOPSY?		
21A. ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore INJURY OCCUR?	City, give exact location)		
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE			
22. I hereby certify that I attended the deceased from MAY 22, 1951, to MAY 31, deceased alive on MAY 31, 1951, and that death occurred at 9. P.m., from the causes and			
23A. SIGNATURE Showwher M. D. 23B. ADDRESS The monil &	23c. DATE SIGNED 4/3//5/		
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City,	town, or county) (State)		
24a. BURIAL, CREMA- TION, REMOVAL (Specify) 6-3-51 Downing 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, Downing)	· Vas		
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS		
UN 1 1951 Tentricitor Williams 45 De Describe 250	3 Edmondon 1		
vs 150	57D and		

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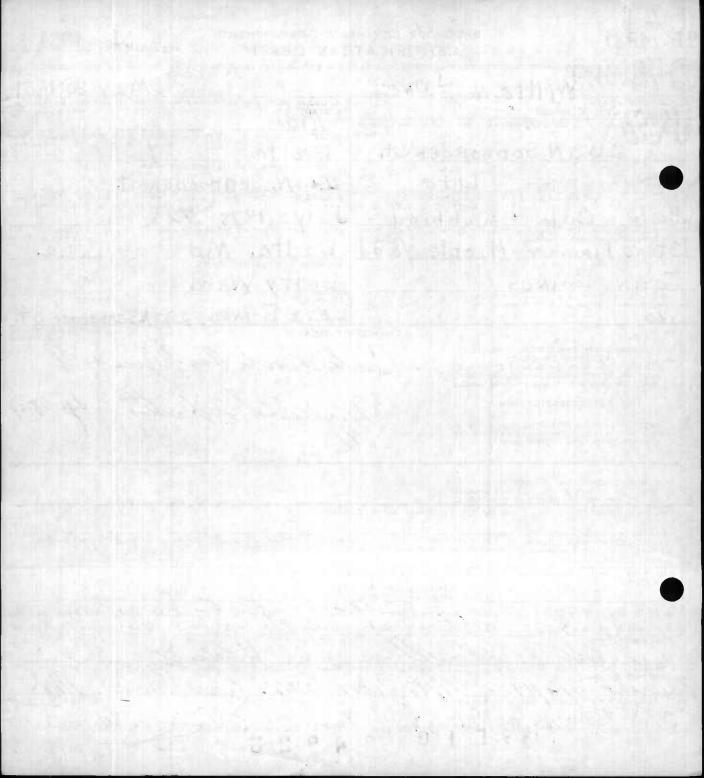
### BALTIMORE CITY HEALTH DEPARTMENT

Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution, residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. gth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years I If Under I Year If Under 24 Hours BIRTH last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) ND OF BUSINESS OR MOA. USUAL OCCUPATION (Givekind of) 10B. KIND 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, to drunknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMAN ADDRESS SECURITY NO. 18. CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION EDICAL YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING about home, fsrm, fsctory, street, office bldg., etc.) CAUSE OF DEATH 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 30 19 1, that I last saw the 22. I hereby certify what I attended the deceased from. Elam., from the cause and on the date stated above. deceased alive on\_ 50 195 L. and that death occurred at\_ 23A. SIGNATURE 24A. BURIAL, CRENA LOCATION (City, town, or county) 248. DATE MAME OF CEMETERY OR CREMATORY 240 25. FUNERAL DIRE DATE RECEIVED BY LOCAL REGISTRAR

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T	4931	CERTIFICATE	OF DEATH	Registered No.	4931		
BIR	TH NO.	CERTIFICATE	OF DEATH				
1. N (Typ	AME OF DECEASED Willia M	Goines		2. DATE OF DEATH MAV	30,1951		
A. B	altimore City, Maryland		4. USUAL RESIDENCE (W		ution: residence before admission)		
HOS	JLL NAME OF (If not in hospital or institution) 233 N. Schrol	location)	c. CITY OR TOWN (If	outside corporale limits, wr	RURAL and give township)		
c.	gth of stay in Baltimore	Yrs. Mos. Days	223N. Schr	rural, give location)			
5. S		E, MARRIED. WED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years II Under last hirthday) Months			
	USUAL OCCUPATION (Give kind of 10B, KIN	D OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)   12.	CITIZEN OF		
0	TONE FINISHER Mat	ble yand	Balta. N	ld x	WHAT COUNTRY?		
13.1	JOHN GOINES	(M)	Betty W	ME			
15. (Yes, 1	WAS DECEASED EVER IN U. S. ARMED FORCES? Of or unknown) (If yes, give wer or dates of service)	16, SOCIAL , SECURITY NO.	17. INFORMANT	ADDR	ESS		
	Vo		LENZ GOINES	233 NSchr	reder St.		
1	8. 420.1	CAUSE C	F DEATH		NTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	//	1. 1/1.1/1	P. 17.	P		
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO						
	ANTECEDENT CAUSES ON INDICATE LA 180						
NOL	DISEASES OR CONDITIONS, IF ANY, GIVING (B)						
AT	RISE TO THE ABOVE CAUSE (A) STATING TUNDERLYING CONDITION LAST.	()			1		
2		(C)					
RTIF	II OTHER SIGNIFICANT CONDITIONS CO	N -					
H	TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	ED					
		R FINDINGS OF OPERA			20. AUTOPSY?		
DICA			YES NO				
		ACE OF INJURY (e. g., in ferm, factory, street, office bldg., et		f in Baltimore City, give e	exact location)		
	ID. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?			
	m.	WHILE AT NOT WHILE AT WORK					
	22. I hereby certify that I attended the deceased from 9-10, , 186 to 5-26, 195/, that I last saw the						
-	deceased alive on 5,70 . 195/	and that death securi	ed at f. m., from th	he causes and on the de			
1	23A. STONATURE	- ///	B. ADDRESS	1 61 23	C. DATE SIGNED		
24A	BURIAL, CREMA- 248. DATE	24C. NAME OF CEMETER	POR CREMATORY   24b. La	DCATION (City, town, or co	ounty) (State)		
THON	REMOVAL (Specify)	9114. 2 m	Cem La	ulalamini	Alla.		
DAT	E RECEIVED BY REGISTRAR'S SIGNAT	URE	25. FUNERAL DIRECTOR	ADI	DRESS 322/		
	UN 1951 the Mu	inus Hat V	WroKatie P.IN	Illiams Sch	rocher Si		
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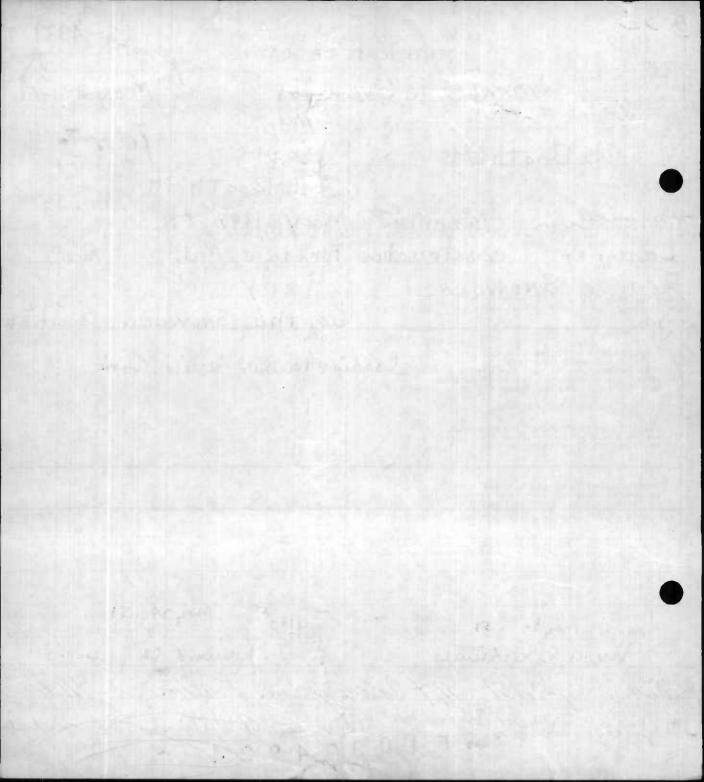
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4932

Registered No.

Type or Print)  S PLACE OF DEATH  A Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or location)  NSTITUTION  A SO THE TADDRESS (If, rural, give location)  NSTITUTION  A SO THE TADDRESS (If, rural, give location)  NSTITUTION  A SO THE TADDRESS (If, rural, give location)  NSTITUTION  A SO THE TADDRESS (If, rural, give location)  A STREET ADDRESS (If, rural, give locatio	BIRTH NO.	
Be COUNTY before admission or life on in hospital or institution, give street address or location or life on hospital or institution, give street address or location or locat	1. NAME OF DECEASED TAMES R. SNO	WORN 2. DATE OF MAN 29.1951
Continue	3. PLACE OF DEATH:  A. Baltimore City, Maryland	
SEX 6. COLOR OR RACE 7. SINGLE. MARRIED.  SEX 6. COLOR OR RACE 7. SINGLE. MARRIED.  DAY 1 30 9 AGE (In years)   Blinder   But   But	B. FULL NAME OF (If not in hospital or institution, give street address or	
S. SEX   S. COLOR DR RACE   7. SINGLE MARRIED DOWN OF BUILD NORCED Specify   S. DATE OF BIRTH   9. AGE (In yours   Bluider I have blower i Min.   March 1   10. MIND OF BUILDING   MIN	INSTITUTION QUA Q + + C +	
S. SEX   S. COLOR DR RACE   7. SINGLE MARRIED DOWN OF BUILD NORCED Specify   S. DATE OF BIRTH   9. AGE (In yours   Bluider I have blower i Min.   March 1   10. MIND OF BUILDING   MIN	992 000 N 5 1.	D STREET APPRESS (If rure) give location)
NO. SUBJULL OCCUPATION (Give hinded)  102. MURL OCCUPATION (Give hinded)  103. KIND OF BUSINESS OR INDUSTRY  104. BIRTHPLACE (State or foreign country)  105. WAS DECEASED VER IN U. S. ARNED FORCES)  106. SOCIAL  107. INFORMANT  108. MAY  109. MAY	c. eigth of stay in Baltimore Mos.	alla to the ch
O. USUAL OCCUPATION (Girshieder)  10. USUAL OCCUPATION (Girshieder)  11. BIRTH/LACI (State or foreign country)  12. CITIZEN OF WHAT COUNTRY  WHAT COUNTRY  WHAT COUNTRY  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED VER IN U. S. ARMED FORCES)  16. SOCIAL  SECURITY NO.  17. INFORMANT  ADDRESS QUA  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, pluy or complication which caused death, DUE TO  OTHER SIGNIFICANT CONDITIONS CDN.  TRIBUTING TO THE DEATH, BUT NOT RELATED  TO THE DISEASE OR CONDITION AUSTING  CONDITION AUSTING  OTHER SIGNIFICANT CONDITION CAUSING IT  10. ACCUDENT WAS UNDER.  21. ACCUDENT WAS UNDER.  22. AUTOPSY?  VES. NO.  23. SOLOTOPSY?  VES. NO.  24. BUTRIES TO THE CAUSE AND THE CAUSE AN		8. DATE OF BIRTH 9. AGE (In years   II Under   Year   II Under 24 Hours   Months; Days   Hours   Min.
INDUSTRY  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED VER IN U.S. ARRED FORCES! (If yes, give wer or dates of service)  16. SCCIAL NO. 17. INFORMANT  16. LATE COUNTRY  16. SCCIAL NO. 17. INFORMANT  17. INFORMANT  18. DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  This does not mean the mode of dying, e.g., sent or complication which caused death.)  DUE TO  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  RISE TO THE ABOVE CAUSE (A) STATING THE  UNDERLYING CONDITION LOAT.  OTHER SIGNIFICANT CONDITIONS CDN.  TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19. DATE OF OPERATION  20. AUTOPSY?  VES NO.  21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING booth bows, firm, finitery, afvest, diseable, e.e INJURY OCCUR?  21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING booth bows, firm, finitery, afvest, diseable, e.e INJURY OCCUR?  21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING booth bows, firm, finitery, afvest, diseable, e.e INJURY OCCUR?  1. INJURY OCCUR?  21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING booth bows, firm, finitery, afvest, diseable, e.e INJURY OCCUR?  1. INJURY OCCUR?  21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING booth bows, firm, finitery, afvest, diseable, e.e INJURY OCCUR?  21A. SIGNATURE  22A. SIGNATURE  23A. ADDRESS  23C. DATE SIGNATURE  23C. ADDRESS  23C. DATE SIG	Male Col. Mannied	May10,1897 54
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED FUR IN U. S. ARRED FORCES? (I. SECURITY NO. 17. INFORMANT)  16. LY?  18. LY?  19. CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  (This done Leading To DEATH diring, e.g., heart failure, asthemic, the 1. It means the disease, injury or complication which caused death.)  DISEASE OR CONDITIONS, IF ANY, SIVING (II. SECURITY NO. 17. INFORMANT)  DISEASE OR CONDITIONS, IF ANY, SIVING (III. SECURITY NO. 17. INFORMANT)  DISEASE OR CONDITIONS, IF ANY, SIVING (III. SECURITY NO. 17. INFORMANT)  DISEASE OR CONDITIONS, IF ANY, SIVING (III. SECURITY NO. 17. INFORMANT)  DISEASE OR CONDITIONS, IF ANY, SIVING (III. SECURITY NO. 17. INFORMANT)  DISEASE OR CONDITIONS, IF ANY, SIVING (III. SECURITY NO. 17. INFORMANT)  DISEASE OR CONDITIONS, IF ANY, SIVING (III. SECURITY NO. 17. INFORMANT)  DISEASE OR CONDITIONS, IF ANY, SIVING (III. SECURITY NO. 17. INFORMANT)  DISEASE OR CONDITIONS, IF ANY, SIVING (III. SECURITY NO. 17. INFORMANT)  DISEASE OR CONDITIONS, IF ANY, SIVING (III. SECURITY NO. 17. INFORMANT)  DISEASE OR CONDITIONS, IF ANY, SIVING (III. SECURITY NO. 17. INFORMANT)  DISEASE OR CONDITIONS, IF ANY, SIVING (III. SECURITY NO. 17. INFORMANT)  DISEASE OR CONDITIONS, IF ANY, SIVING (III. SECURITY NO. 17. INFORMANT, III. SECURITY N		
15. WAS DECEASED-VER IN U.S. ARMED FORCES!  16. DO QUADONO (If yes, give war or dates of service)  17. INFORMANT  18. DISCASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DISCASE OR CONDITIONS, IF ANY, GIVING HIS TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING ADOUGH CAUSEN HIS TO THE ABOVE CONTRIBUTING OR CONTRIBUTING ABOUT CAUSE OF DEATH  21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., io or 21C. WHERE DID (If in Baltimore City, give exact location)  19. DIME (Month) (Day) (Year) (Hour)  21. TIME (Month) (Day) (Year) (Hour)  22. I hereby certify that I attended the deceased from deceased alive on 10 graphs of the date stated above 23A. SIGNATURE  23B. ADDRESS  24C. NAME OF CEMERATORY 24D. LOCATION (Sity, town, or county) (State) (State) (Markey College)  24A. BURIAU CREMA-24B. DATE  24C. NAME OF CEMERATORY 24D. LOCATION (Sity, town, or county) (State) (Markey College)  25C. DATE SIGNATURE  24C. NAME OF CEMERATORY 24D. LOCATION (Sity, town, or county) (State) (Markey College)  25C. DATE SIGNATURE  25C. NAME OF CEMERATORY 24D. LOCATION (Sity, town, or county) (State)  25C. DATE SIGNATURE  25C. NAME OF CEMERATORY 24D. LOCATION (Sity, town, or county) (State)  25C. DATE SIGNATURE  25C. DATE SIGNATURE  25C. NAME OF CEMERATORY 24D. LOCATION (Sity, town, or county) (State)  25C. DATE SIGNATURE	Laborer Construction	tenndale Ma. USa.
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DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthemia, etc. It means the disease, injury or complication which caused death.)  DUE TO  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING MISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  20. AUTOPSY?  TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 21B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER.  19A. DATE OF OPERATION 21B. MAJOR FINDINGS OF OPERATION  22A. AUTOPSY?  TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 21B. MAJOR FINDINGS OF OPERATION  21B. MAJOR COUNTRIBUTING:  21C. WHERE DID (If in Baltimore City, give exact location)  11JURY OCCUR?  21F. HOW DID INJURY OCCUR?  11JURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  22A. BURIALU GREMA: 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24B. LOCATION (Gity, town, or county) (State)  23A. SIGNATURE  24C. NAME OF CEMETERY OR CREMATORY 24B. LOCATION (Gity, town, or county) (State)  24A. BURIALU GREMA: 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24B. LOCATION (Gity, town, or county) (State)  24A. BURIALU GREMA: 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24B. LOCATION (Gity, town, or county) (State)  25B. ADDRESS 32.2 MAJOR SPECIFICAL COUNTY (GIT) (		17. INFORMANT ADDRESS QUO
DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g., heart failure, sathenia, etc. It means the disease, injury or complication which caused death.)  DUE TD  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RIBER TO THE UNDERLYING CONDITIONS CDN.  TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21B. PLACE OF INJURY (e.g., is or 1 or	No.	Bortha Snowden Boothst
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, astenia, etc. it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ADDVE CAUSE (A) STATING THE UNDERLYING CONDITION LASY.  (C)  OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19. ADATE OF OPERATION 19.8. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?  VES NO 21. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING: about bome, farm, factory, street, office bldg, etc.   Control of the control o	18. 422 / CAUSE	OF DEATH
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Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION   20. AUTOPSY? YES   NO   21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING   about home, farm, factory, street, office bidge, etc.]  10 THE RIGHT WAS UNDER. LYING OR CONTRIBUTING   about home, farm, factory, street, office bidge, etc.]  11	(This does not mean the mode of dying, e.g.,	is vascular Obsers, Chimic
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RISE TO THE ABDVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING II.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, fectory, street, office bidge, etc.)  19D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 22L. I hereby certify that I attended the decased from WORK NOT WHILE 22L. I hereby certify that I attended the decased from 23A. SIGNATURE  23B. ADDRESS 23B. ADDRESS 23C. DATE SIGNED 24C. NAME of CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)  19D. TIME (Month) (Day) (Year) (Hour) 23C. DATE SIGNED 24C. NAME of CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)  19D. TIME CENTER SIGNATURE 24C. NAME of CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)  25D. TURNERAL DIRECTOR 25D. AUTOPSY? 25	Z (B)	
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TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  21B. PLACE OF INJURY (a. g., io or LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  21C. WHERE DID (If in Baltimore City, give exact location)  11D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  11D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  11D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  11D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  11D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  11D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  11D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  11D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  11D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  11D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  11D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  11D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  11D TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR?  12D TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR?  12D TIME (Month) (Day) (Year) (Hour) (Ho		
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH  21b. TIME (Month) (Day) (Year) (Hour)  21c. INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f. Horeby certify that I attended the deceased from the deceased alive on the date stated above and		
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) INJURY  22. I hereby certify that I attended the deceased from work of the deceased alive on the date stated above and that death occurred at the decease and on the date stated above and the date stated above and the deceased alive on the date stated above and the date st	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21D. TIME (Month) (Day) (Year) (Hour)  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from  4		
22. I hereby certify that I attended the deceased from 195, to 25, 195, that I last saw the deceased alive on 29, 195, and that death occurred at 196, to 25, 195, that I last saw the deceased alive on 29, 195, and that death occurred at 196, from the causes and on the date stated above 23A. SIGNATURE  23B. ADDRESS  24A. BURIALU CREMA- 24B. DATE  24C. NAME DE CEMETERY DE CREMATORY 24D. LOCATION (City, town, or county)  24D. LOCATION (City, town, or county)  25D. ADDRESS 322 No. 195, to 195, to 195, that I last saw the deceased alive on 196, to 1	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	
22. I hereby certify that I attended the deceased from  deceased alive on 199, to 199, to 199, that I last saw the deceased alive on 199, 199, and that death occurred at 199, to 199, that I last saw the deceased alive on 199, 199, and that death occurred at 199, to 199, that I last saw the deceased alive on 199, 199, and that death occurred at 199, to 199, to 199, to 199, that I last saw the deceased alive on 199, 199, to 199,	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 195, to May 25, 195, that I last saw the deceased alive on 195, 195, and that death occurred at 195, to May 25, 195, that I last saw the deceased alive on 195, 195, and that death occurred at 195, to May 25, 195, that I last saw the deceased alive on 195, 195, to May 25, 195, that I last saw the deceased alive on 195, to May 25, 195, that I last saw the deceased alive on 195, to May 25, 195, that I last saw the deceased alive on 195, to May 25, 195, that I last saw the deceased alive on 195, to May 25, 195, that I last saw the deceased alive on 195, to May 25, 195, that I last saw the deceased alive on 195, that I last saw the deceased alive on 195, that I last saw the deceased alive on 195, to May 25, 195, that I last saw the deceased alive on 195, to May 25, 195, that I last saw the deceased alive on 195, that I last saw the deceased alive on 195, that I last saw the deceased alive on 195, that I last saw the deceased alive on 195, that I last saw the deceased alive on 195, to May 25,	WHILE AT NOT WHILE	
deceased alive on 19, 19 and that death occurred at 1 m., from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS 23B. ADDRESS 23C. DATE SIGNED 6-1-SI  24A. BURIALU CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (Gity, town, or county) (State) 100 CAL REGISTRAR SIGNATURE 25 FUNERAL DIRECTOR ADDRESS 322 No. 100 CAL REGISTRAR SIGNATURE 100 CAL REGISTRAR SIGN		- 1050/to May 26 1051 that I last once th
23A. SIGNATURE  23B. ADDRESS  M. D.  24C. DATE SIGNED  24A. BURIALU CREMA- 24B. DATE  24C. NAME DECEMETERY DR CREMATORY  24D. LOCATION (City, town, or county)  25D. FUNERAL DIRECTOR  ADDRESS  22C. DATE SIGNED  (State)		1/50/3
24A. BURIALV CREMA- 24B. DATE  24C. NAME OF CEMETERY OR CREMATORY  24D. LOCATION (City, town, or county)  (State)  24D. LOCATION (City, town, or county)  (State)  (S		
DATE RECEIVED BY REGISTRAR'S SIGNATURE PROPERTY SIGNATURE PROPERTY SUPPLY SUPPL	Joseph S. Undurais M.D.	910 W. hemberd St. 6-1+51
DATE RECEIVED BY REGISTRAR & SIGNATURE COLOR DIRECTOR ADDRESS 322 N  LOCAL REGISTRAR  JUN 1951 LINE FOR MILLIAMS, MARKET PROVIDENCE SCHOOL S.	24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETE	RY DR CREMATORY 240, LOCATION (City, town, or county) (State)
JUN 1 1951 Timber John Williams, M. Thre Katre ReWilliams, Schrocked St	Bured 6/2/1851 YIIt. Caller	ale Cim. Ballo. 1/10.
JUN 1 1951 millians Schrede St. Williams Schrede St	DATE RECEIVED BY REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR ADDRESS 322N
	JUN 1 1951 Centre for Milland, My	Mrs Katie R. Williams, Schrodel St
VS 150	VS 150	0 4 0 0 4



21B. PLACE OF INJURY (e.g., In or

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

Street 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY FINJURY May 8 P. m. AT WORK L

22. I certify that I took charge of the remains described above, held an \_ the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,

and death in my opinion resulted from: natural causes \( \), accident \( \), suicide \( \), homicide \( \), undetermined \( \). 23A. SIGNATURE

24A. TION

RECEIVED BY

23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR

25. FUNERAL DIRECTOR

Autopsy

21F. HOW DID INJURY OCCUR?

Woodbourne Ave. & Loch Raven Boulevard

Slipped & fell from scaffold to ground

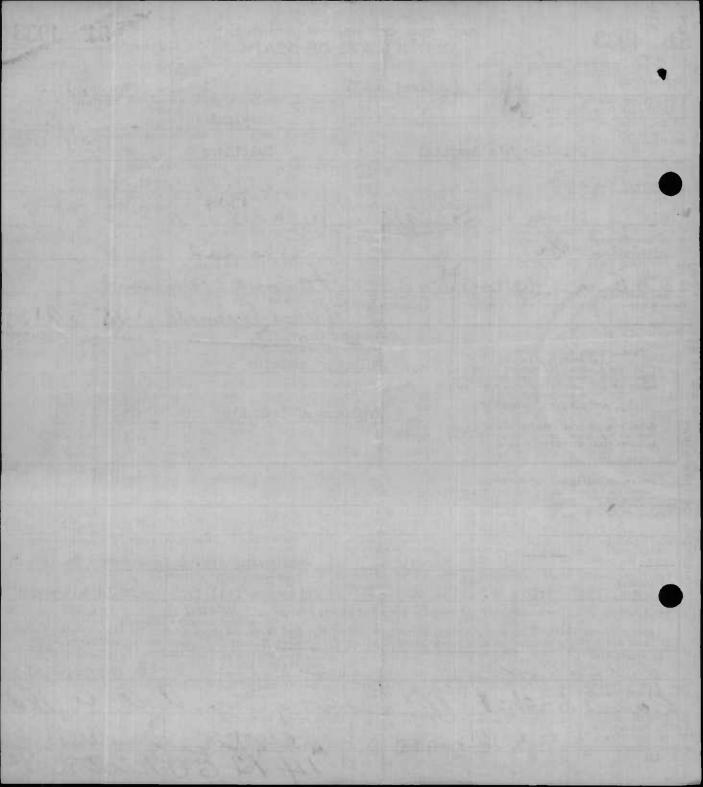
Autopsy, Inspection or Inquiry

23c. DATE SIGNED May 28.

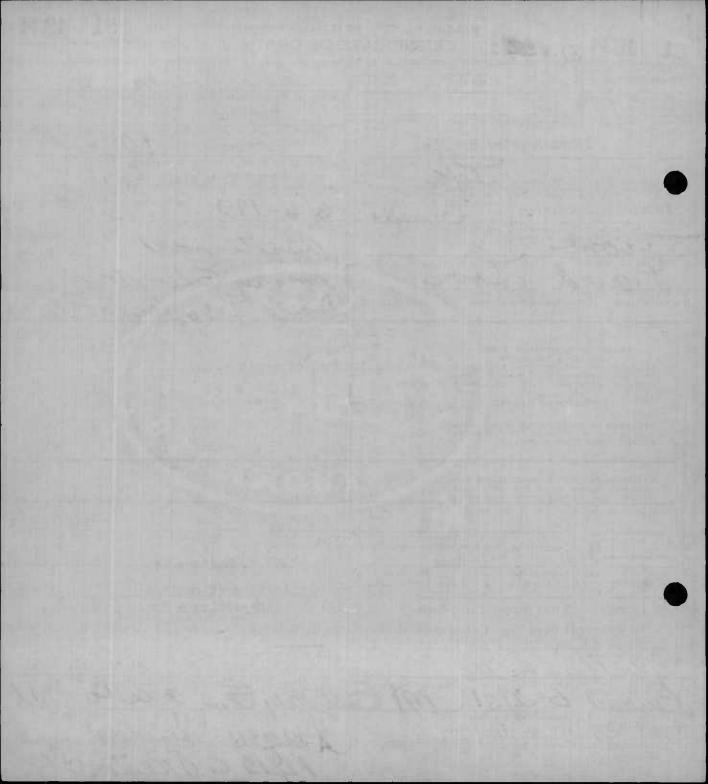
ADDRESS

... thereon and from

LOCAL REGISTRAR V S 151

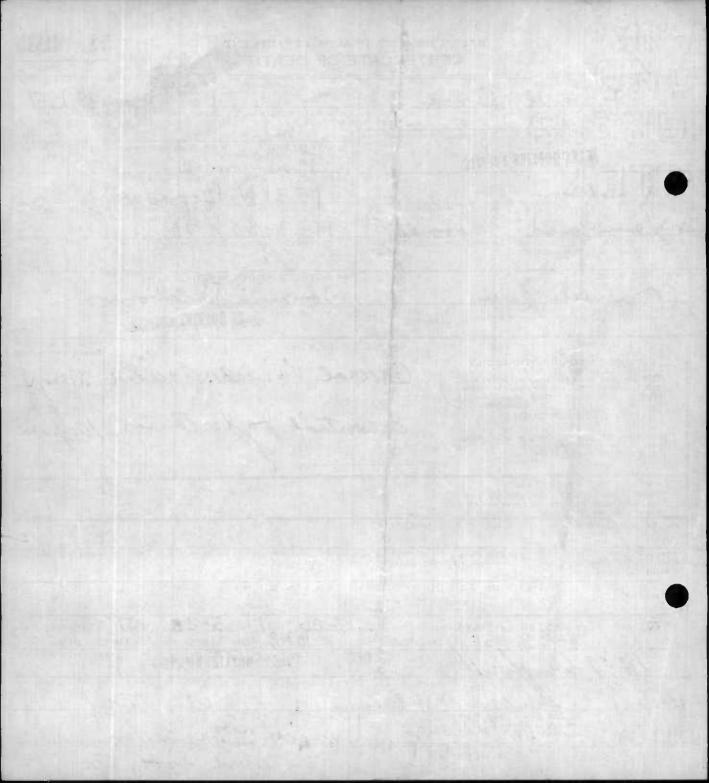


BALTIMORE CITY HEALTH DEPARTMENT 51 4934  STATE NO. 4934  CERTIFICATE OF DEATH  Registered No. 1934							
1. NAME OF DECEASED (Type or Print) JOYCE DENISE LOVE	2. DATE OF DEATH May 31, 1951						
A. Baltimore City, Maryland	E (Where deceased lived, If institution; residence B. COUNTY before admission						
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION  Johns Hopkins Hospital  B. FULL NAME OF (If not in hospital or institution, give street address or location)  C. CITY OR TOWN  Baltin	(If outside corporate limits, write RUKAL and giv						
Yrs. D. STREET ADDRESS	(If rural, give location)						
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH WIDOWED DIVORCED (Specify)	E. Madison St.  9. AGE (In years   H Under 1 Year   H Under 24 Hours last birthday) Months; Days   Hours   Min.						
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. FIRTHELACE (State	3   3   12. CITIZEN OF						
INDUSTRY Balt	WHAT COUNTRY						
David Love Daise	Ellerbe						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	Love 1048 h Elen S.						
18. Egy1.0 CAUSE OF DEATH	INTERVAL BETWEE ONSET AND DEAT						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)Aspirationofvomit	18						
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
ANTECEDENT CAUSES  (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED							
OTHER SIGNIFICANT CONDITIONS CON-							
TO THE DISEASE OR CONDITION CAUSING IT.	l 20. AUTOPSY?						
192. BATE OF OFERATION   192. WAS A TOTAL OF OFER A TOTAL OFFI A TOTAL	YES NO X						
UNDERLYING OR CONTRIB- about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?	(If in Baltimore City, give exact location)						
2 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID IN	Madison St.						
22. I certify that I took charge of the remains described above, held an Inspe	of vomitus ection & Inq. thereon and from						
the evidence obtained by said Autopsy, Inspection or Inquiry, find that sa and death in my opinion resulted from: natural causes [], accident [A], suit	id deceased died on the day stated above						
23a. SIGNATURE 23B. CHIEF MEDICASSISTANT MEDICASSIS	CAL EXAMINER . [] 230. DATE SIGNED CAL EXAMINER . X May 31 1951						
244 BURIAL, CREMA- 244 DATE 24C NAME OF CEMATERY OR CREMATORY TION REMOVAL (Specify)	IGATOR						
DATE RECEIVED BY REGISTRAL'S SIGNATURE 25. FUN RAU DIRECT	TOR ADDRESS						
JON 7 1959 Hutte ton Williams of Lagres	1 anders 1959						
VS 151 N - 933.0 11/19	E. Freston OXV						



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1 4935 BIRTH NO.	BALTIMORE CITY HE CERTIFICATI		Registered No.	4935
1. NAME OF DECEASED (Type or Print)	le Sima		2. DATE OF DEATH WAY 25	3.1961
3. PLACE OF DEATH: A. Baltimore City, Marylan		4. USUAL RESIDENCE (W	here deceased lived. If in litution	on: residence efore admission)
HOSPITAL OR	hospital or institution, give street address or location)  PXIIS KOSPITA	c. CITY OR TOWN (If	outside corporate l'initis, write le	REL and give
	Yrs. Mos.	D. STREET ADDRESS (If r	ural, give location)	
c. Length of stay in Baltimo	Days  ACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years     Under   San	If Under 24 Hours
Mule Colege TOA. USUAL OCCUPATION (Give	WIDOWED, DIVORCED (Specify)	11-7-80	last birthday) Months Day	0 5 6 8
work done during most of working life, even if	retired) INDUSTRY	11. BIRTHPLACE State or for		IZEN OF AT COUNTRY?
13. FATHER'S NAME	ġ.	14. MOTHER'S MAIDEN NA	3 0	
15. WAS DECEASED EVER IN U. S. (Yes, no or unknowo) (If yes, give war	ARMED FORCES? 16. SOCIAL or dates of service) SECURITY NO.	17. INFORMANT IN IS	OPRIES KOSPITA	
18. 33/X.	CAUSE (	OF DEATH	INTE	RVAL BETWEEN
DISEASE OR CONDIT		ral Varcola		ET AND DEATH
(This does not mean the n heart failure, asthenia, etc. l injury or complication wh	it means the disease,			cay
ANTECEDENT	CAUSES	inteal back	ertening 1	1 seens
DISEASES OR CONDITIO	NS, IF ANY, GIVING			good
0	(C)			
OTHER SIGNIFICANT C	BUT NOT RELATED			
TO THE DISEASE OR CONC 19A. DATE OF OPERATION		ATION	20	. AUTOPSY?
21a. ACCIDENT WAS UND LYING OR CONTRIBUTION		a or 21c. WHERE DID (If	in Baltimore City, give exac	
CAUSE OF DEATH  Z. TIME (Month) (Day)			OCCUR?	
INJURY	m.   WHILE AT   NOT WHILE   AT WORK			
22. I hereby certify that	I attended the deceased from	5-26, 1951, to 5	-28, 1951, that i	last saw the
23A. SIGNATURE	2	30 ADDRESS	IS HOSPITAL 23C. I	DATE SIGNED
24A. BURAL, CREMA 24B. DA	24C. NAME OF CEMETER	RY OR CREMATORY 240. LC	CATION (City, town, or count	y) (State)
DATE RECEIVED BY RECEIVED		25. FUNERAL DIRECTOR	retto mof	SS
2011 1001	igton Miliaure, Mill	supoch XI	From Son	
VS 150	1 4 2 1 2 2	108W mont	g omery St	830



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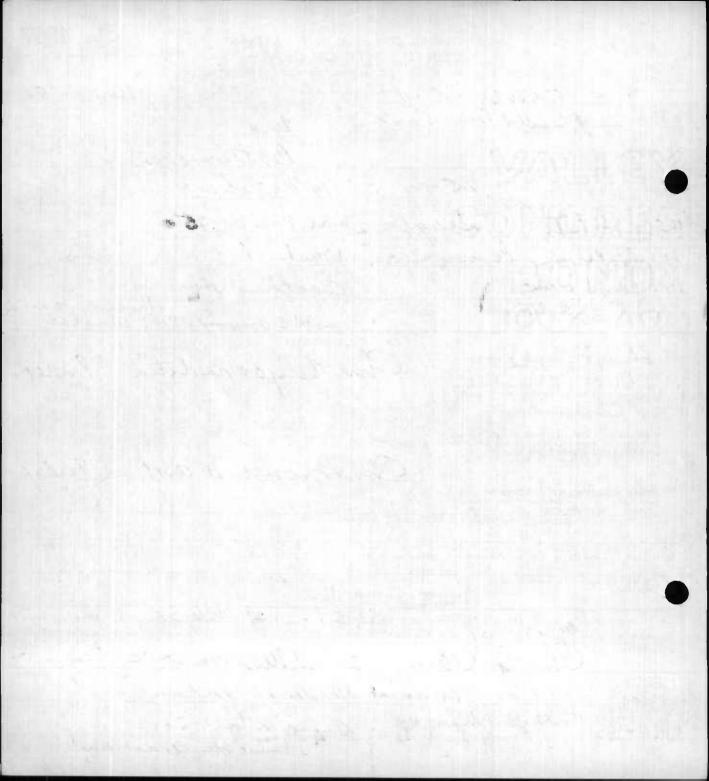
Registered No. 4936

1. NAME OF DECEASED (Type or Print)  MARGAR ET C. HENNLEIN	V. DATE GALSI.
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR location)	C. Citt Or 100 (11 outside corporate mines, write recent and give
Je Where Home & Thoops	al. Kural. Ghase.
c. ength of stay in Baltimore  4 7 Mos. Days Days	o. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years if Under I Year if Under 24 Hours last birthday) Months: Days Hours Min.
F. White he are is	8/3/1903. 47.
10A. USUAL OCCUPATION (Givekindof 10B, KIND OF BUSINESS OR orkdopeduring most of yorking life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
Howevelle Our Home	Balto. county. USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Peter Klein	heavy Appel.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
Tio In I	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	aremionna of Breast.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) OUE TO	
ANTECEDENT CAUSES	uspeal thombons,
DISEASES OR CONDITIONS, IF ANY, GIVING	unknown
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	cange.
F (c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.  19A, DATE OF OPERATION   19B, MAJOR FINDINGS OPERAT	RATION   120. AUTOPSY?
	YES NO
218. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., i	
About home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?
210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
F INJURY  MHILE AT NOT WHILE  MORK AT WORK	
	4/27/ 1951, to 6/1/, 1951, that I last saw the
deceased alive on 1997, and that death occur	
	23B. ADDRESS 23C. DATE SIGNED
Colence Cruberco M.O.	Gebruich Nomet Hosp. 6/4/51
244. BURIAL, CREMAT 248. DATE 24C NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
burned June 4, 1951 Parlewood	Balto. kid,
DATE RECEIVED BY HEGISTRAR'S SIGNATURE	25. EUNERAL DIRECTOR ADDRESS
IIIN 2-1951 Junte glor Miliams, M.	To another Fernand Home 7401 Belain
VS 150	A 7 0 - R1

STATES AND HOUSE AND PROPERTY. 

51 4937

Registered No. BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland //L A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate lights write RURAL and give HOSPITAL OR C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. ZIS un Length of stay in Baltimore Days 9. AGE (In years SEX 6. COLOR OR RACE 7. SINGLE, MARRIED st birthday) Months Days WIDOWED DIVORCED (Specify) Hours: Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 4alleryc 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes, give war or dates of service) Forward 8105 Wash CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ronchial asthma OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSYT 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or (Specify). about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT! NOT WHILE AT WORK WORK May 28, 1957, that I last saw the 22. I hereby certify that I attended the deceased from Seft / -.. 1944, to. m., from the causes and on the date stated above. deceased alive on May 28, 1951, and that death occurred at 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE nue/-24A. BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETERY OR CREMATORY Remorcal 51 mick 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR



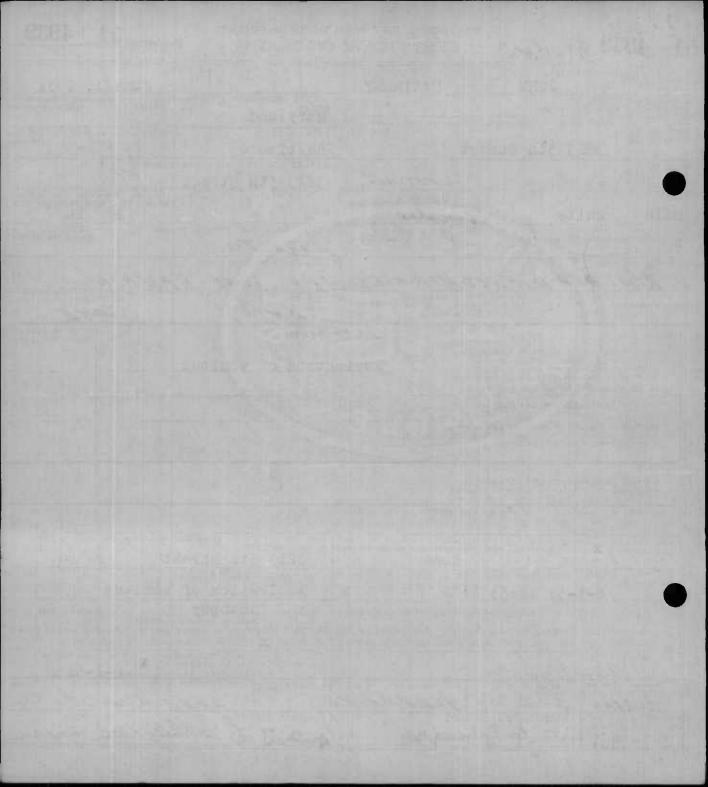
3 50 4938

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4938 Registered No.

BIRTH NO.				
1. NAME OF DECEASED (Type or Print) HARRY	SKE	ron:	2. DATE OF DEATH Ma	v 29 1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland				ed. If institution : residence
B. FULL NAME OF If not in hospital or institution, give	1 (1 )	Maryla CITY OR TOWN		limits, write NULAL and give
South Baltimore General		Baltin		township
	Yrs. Mos.		S (lf rural, give locatio	n)
ength of stay in Baltimore  5. SEX   6. COLOR OR RACE   7. SINGLE, MARR	Days	620 S	Charles St.	cs It Under 1 Year   If Under 24 Hours
Male Colored WIDOWED, DIV	ORCED (Specify)	1883	last birthday	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Laborer	SINESS OR INDUSTRY	Unknown	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Unknown	1.	4. MOTHER'S MAIL Unknown	DEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or naknown) (If yes, give war or dates of service) SE		7. INFORMANT 11ie Adams	s-620 S.Char	les St.
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OU UNDERLYING CONDITION LAST.	Е ТО		ardiovascular	
U 19A. DATE OF OPERATION 19B. MAJOR FINDIN	NGS OF OPERAT	ION		20. AUTOPSY?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. Obout bome, ferm, fectors UTING CAUSE OF DEATH.	INJURY (e. g., in or y, street, office bldg., etc.)	21c, WHERE DIE		YES NO X
Z 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJ OF INJURY WHILE AT WORK	NOT WHILE AT WORK	21F. HOW DID I	NJURY OCCUR?	
the evidence obtained by said Autopsy, In and death in my opinion resulted from: no 23A. SIGNATURE	spection or Inq atural causes X	Au uiry, find that s ], aecident □, si   238. CHIEF MED	topsy, Inspection or Inquaid deceased died or	n the day stated above,  ], undetermined [].    23c. DATE SIGNED
TION, REMOVAL (Specify)	M.D. ME OF CEMETERY  Auburn C	MEDICAL INVES	TIGATOR	May 29, 1951 own, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR		S. FUNERAL DIREC	TOR 1082	ADDRESS
V S 151	62466	4	your month	gomery 14

-	254	to J'			EALTH DEPARTMENT	Registered No	4939
BT	RTH NO.	91-150	27	CERTIFICATI	E OF DEATH		
	NAME OF D	JOHN		McKINLEY		DEATH June	1. 1951
Α.		EATH: City, Maryland			4. USUAL RESIDENCE (WAS STATE Maryland		stitution: residence before admission)
HC	FULL NAME SPITAL OR	OF (If not in hospi	tal or instituti	ion, give street address or location)		outside corporate limits,	
IN	STITUTION	3813 5th	Street		Baltimore	76	(Winship)
				Yrs. Mos.	o. STREET ADDRESS (If		
5.	ngth of s	tay in Baltimore	17. SINGLE	FIFETIMEDAYS	3813 5th Str	9. AGE (In years   If the	der I Year   If Under 24 Hours
I	Tale	White	WIDOW	ED, DIVORCED (Specify)		last birthday) Mont	hs Days Hours Min.
		CUPATION (Give kind of working life, even if retired	I 10B. KIND		11. BIRTHPLACE (State or fo	oreign country)   1.	2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME			14. MOTHER'S MAIDEN NA	AME	
	#12.	LARP ALI	FRED,	MCKINLEY	IVY JUNE	= RANKII	V
15 (Yes	. WAS DECEAS , no or unknown)	ED EVER IN U.S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT -AMILY		PME
RTIFICATION	(This does heart failt injury or DISEASE RISE TO TUNDERL.	SE OR CONDITION LEADING TO DE/S not mean the mode are, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS, HE ABOVE CAUSE (A YING CONDITION L  GIGNIFICANT COND	ATH of dying, e. g. ans the diseas caused death SES IF ANY, GIVIN ) STATING TH AST.	(B)	iration of vomi	tus	
ш		G TO THE DEATH, BUT DISEASE OR CONDITION					
U	19A. DATE C	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
MEDICAL	UTING [	NAL CAUSE WAS G X OR CONTRIB GAUSE OF DEATH (Month) (Day) (Year	about home, f	ACE OF INJURY (e.g., if farm, factory, street, office bldg., HOME  21E. INJURY OCCURR  WHILE AT NOT WHILE  WORK AT WORK	3813 5th S	701000	25/4
	the cv	idence obtained by eath in my opinion	rge of the	remains described on su. Inspection or	bove, held an Autor	eceased died on the	thereon and from day stated above, determined  DATE SIGNED
	WILL BURIAL	CREMA- 248 DATE	M/S	M 24c. NAME OF CEMETE	ASSISTANT MEDICAL I.D. MEDICAL INVESTIGAT	EXAMINER	1-51
LI(	ON, REMOVAL (S		37	STEVHAU	EN A	NNE ARUN	VDEL CO.
	ATÉ RECEIVE DCAL REGIST	D BY REGISTRAR	S SIGNATU	IRE (	29. UNERAL DIRECTOR	Welly 130	ADDRESS Frontan
V	\$ 151	11-933.0		L AND C	14 mon	19	5 D V



4940

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

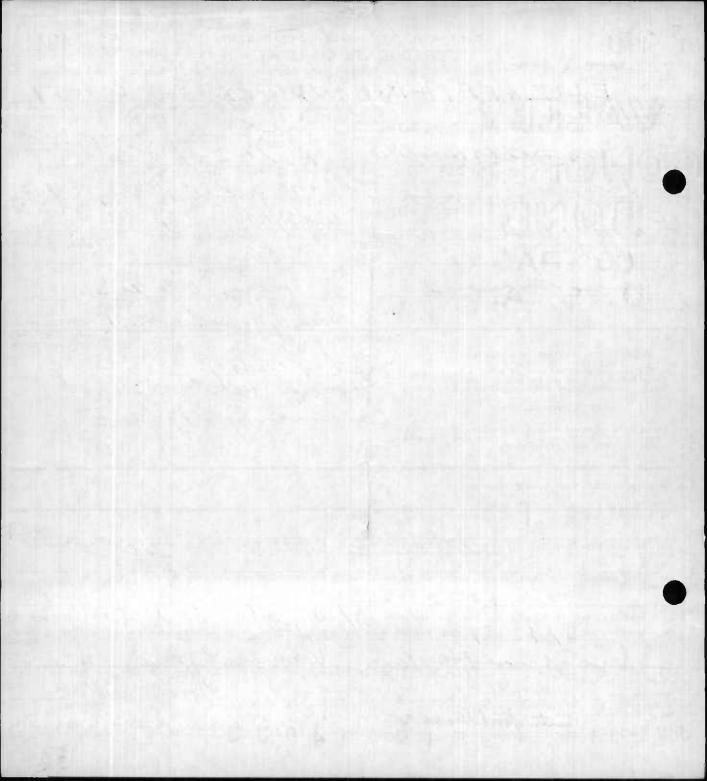
Registered No. 4940

BIRT	H NO.			CERTIFICATI	E OF DEATH	registered 210	
	AME OF D	ECEASED FANN	12	QUAIL		2. DATE OF DEATH 30 M	NY 16-1
	ACE OF D			40112	4. USUAL RESIDENCE (W		
a. Ft			al or institut	ion, give street address or	mD.		19
		LUTHERAN	HOST	location)		outside corporate limits, w	township)
	2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yrs.	D. STREET ADDRESS (If r		
c.	ength of s	tay in Baltimore	417	Mos. Days	31.00 11 1		UE.
5. SI	¥	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH 36 2/2 4/6 8	9. AGE (In years last birthday) Month	er l Year Hunder 24 Hours Days Hours Min.
	ne doring most o	CUPATION (Give kind of port working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country) 12	CITIZEN OF WHAT COUNTRY?
13. F	ATHER'S		0		14. MOTHER'S MAIDEN NA	ME	
	Fe	edinand	Chio	ten	Mary J. S.	bough.	
15. Yes, n	VAS DECEASE o or onknown)	ED EVER IN U.S. ARMEI (If yee, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT MISSIONE	caner 3408	Hayward.
1	8. 56	1.0		CAUSE	OF DEATH	1	INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
	heart failu	LEADING TO DEA s not mean the mode of the asthenia, etc. It mes complication which of	ns the diseas	se,	NCHO PNE UM	ONIQ	IWK.
		ANTECEDENT CAUS	SES	C C.	=34 P	7-7-1-10	
NO.	RISE TO T	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	STATING TI	NG	ERALIZED PE	-1607711111	
3				FANI	FRENE, SMALL	INTESTINE	
Ē	OTHER	II SIGNIFICANT COND	TIONS CO				
	TRIBUTING	G TO THE DEATH, BUT	NOT RELAT	ED STRANGU	LATED INGUIN	IAL HERNIA	
1 4	9A. DATE C		9B. MAJOR	FINDINGS OF OPER	GANGRENE, SMA	OLL MT.	20. AUTOPSY?
	1A, ACCIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		f in Baltimore City, give	e exact location)
Σ -	1D. TIME	(Month) (Day) (Year)		21E. INJURY OCCURR		OCCUR?	ME III
			m.	WORK AT WORK		0.000	7 . 7 7
				deceased from 142 and that death occur		he causes and on the	
	3A. SIGNA		, 100,		3. ADDRESS	/ / 2	23c. DATE SIGNED
244	BURIAL	CREMA- 24B. DATE	12. 1	24C, NAME OF CEMETE	musican /c	OCATION (City, town, or	50/ac 51
TION	REMOVALIS	specify)	57	United Brother	Churchees mis	incluster u	pryland
TAG	E RECEIVE	D BY REGISTRAR	S SIGNATU	JRE	25. FUNERAL DIRECTOR	2 5005 Pl	DDRESS The
101	VS 150		) Final		10 7 2	5010	
			100	Lights to	4 0 4	1	23

-	3/
2	1000
DIL	4941

51 4941

CERI	IFICALE	OF DEATH	registered i	10
BIRTH NO.				
1. NAME OF DECEASED (Type or Print) ELIZABETH	R.B.	ANDIERE	2. DATE. OF DEATH	-1-5-1
3, PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	Where deceased lived. If it B. COUNTY	institution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give str	reet address or location)	c. CITY OR TOWN (If	outside compante limit	, write RURAL and give
INSTITUTION University Hosp	lital	Balte	200 l	township)
	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	2 1 1 2
c.  hgth of stay in Baltimore	Days	470 3 N	ORWOOK	HUE
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIE WIDOWED, DIVOR	CED (Specify)	aig 31/1896	9. AGE (In years lines birthday) Mon	nths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	NESS OR INDUSTRY	11. BUTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
James Glazen		may.	O. Bree	~~
IS. WAS DECEASED EVER IN U, S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECU	IAL URITY NO.	17 ANFORMANT BAR	ulliese 4703	Planwood are
18, / 7 0 ×	CALISE	OF DEATH	1000 1 70 S.	INTERVAL BETWEEN
	CAUSE	DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Jun 1	X Laneal	7 cari	
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease.		10,0000	f cara	
injury or complication which caused death.) DUE	to In	ona 40 V.	bracin	
ANTECEDENT CAUSES	0		111	
Z (B)	Car	untina	- Maria	-(
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE T	TO			
UNDERLYING CONDITION LAST.				
(6)			***************************************	
11				
OTHER SIGNIFICANT CONDITIONS CON-				
TO THE DISEASE OR CONDITION CAUSING IT				
194. DATE OF OPERATION 198. MAJOR FINDING	S OF OPERA	ATION		20. AUTOPSY?
				YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, et		or 21c. WHERE DID (I c.) INJURY OCCUR?	f in Baltimore City, g	give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJUR	RY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
m, WHILE AT	NOT WHILE			
22. I hereby certify, that I attended the deceased	from 3	130 195/ to	6-1.125	Athat I last saw the
	death occurr	red at 16 34m. from th		he date stated above.
23A. SIGNATURE		B. ADDRESS	A //	23c. DATE SIGNED
Varahma Hull	0 M. D.	angely	Mark	6-1-57
24A. BURIAL, CREMA- 248. DATE 24C. MME		RY OR CREMATORY 24D. LA	OGATION (City, town,	or coupty) (State)
Jurial Jame 4/1951	Larra		Goodlawn	, Mid.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	ALA	25. RUNERAL DIRECTOR	V	ADDRESS
WIN 2-1051   Lucito graph / 12 matter 1	0	V WWY HI Com	uncos/4204	+ Gragewood he
Vs 150 1001.	· U	7 4 9		para .

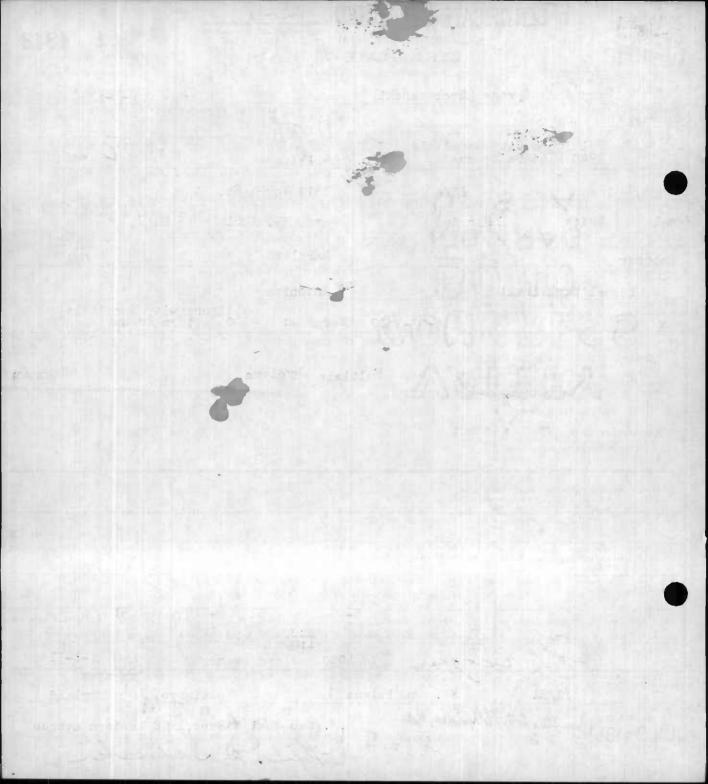


CERTIFICATE CORRECTED 6-12-51

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4942

BIRTH NO.	[PW			E OI DEIII		
1. NAME OF D (Type or Print)					2. DATE	
	Mary Ann Ste	vens (S	zczepanski)			-1-51
A. Baltimore	City, Maryland			4. USUAL RESIDE	ENCE (Where deceased lived. B. COUNTY	If institution: residence before admission)
B. FULL NAME		al or institut	ion, give street address o	Maryland		
HOSPITAL OR	Baltimore C	ity Hos	pitals location		(If outside corporate lin	mits, write RURAL and give
21	4940 Easter	n Avenu	ie •	Baltimore	6	township)
			Yrs.	D. STREET ADDRE	SS (If rural, give location)	
c ngth of s	tay in Baltimore	]	Life Mos.	1819 Goug	h St. 31	
5. SEX	6. COLOR OR RACE	7. SINGLI	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years	Months Days Hours Min.
Female	White	Marr	PED, DIVORCED (Specify	March 25,	1901 5 0	
10A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR		State or foreign country)	12. CITIZEN OF
Laborer		Bak	cery	Maryland		WHAT COUNTRY!
13. FATHER'S				14. MOTHER'S MA	IDEN NAME	1 000
Mic	hael Studzins	ki		Antonina	?	
15. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL		D 7 + 4 C - 4 W	ADDRESS -
(Yee, oo or uoknown)	(If yes, give war or date	of service)	215-03-3317	Records:	Baltimore City H 4940 Eastern Ave	ospitals nue
				OF DEATH	1710 - 65000211 1570	INTERVAL BETWEEN
PC	3X 1		CAUSE	OF DEATH		ONSET AND DEATH
DISEAS	SE OR CONDITION LEADING TO DEAT not mean the mode of	DIKECITA		Marala-		77. 1
heart failt	ire, asthenia, etc. It mea	ns the diseas	e,	tiple Myelon	112	Unknown
injury or	complication which c	aused death	DUE TO			
	ANTECEDENT CAUS	ES				
DISEASE	S OR CONDITIONS, II	ANY. GIVIN	(B)			
RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO			
S S			(C)	***************************************		
<u> </u>	11					
	SIGNIFICANT CONDI					
	TO THE DEATH, BUT				<u> </u>	= =
19A. DATE	OF OPERATION 1	98. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
21A. ACCIE						YES NO 1
W CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., farm, factory, street, office bldg.		OID (If in Baltimore Cit; R?	y, give exact location)
	(Month) (Day) (Year)	(Hour)	21E, INJURY OCCURE	RED 21F. HOW DID	INJURY OCCUR?	
INJURY		m.	WHILE AT NOT WHILE			
22 / /				5-29 195	1, 6-1	51, that I last saw th
	y certify that I att live on 6-1				, from the causes and or	
23A. SIGNA		, 19		23B. ADDRESS	, from the tauses and or	23c. DATE SIGNED
	1.5.	Colo	FER M.D.	4940 Eastern	Avenue	6-1-51
24A. BURIAL.	CREMA- 248. DATE	a		ERY OR CREMATORY	24D. LOCATION (City, tg	whyor courty) (State)
TION, REMOVAL (S	6/1/51		St. Stanislan	18	Baltimore, a	Maryland
DATE RECEIVE	D BY   REGISTRAR	SSIGNATA		25. FUNERAL DIR		ADDRESS
LOCAL REGIST	RAR tutte et		ential , Mari	M. F. Caddwak	ASons, 1808 Ea	stern Avenue
JUN 2-	1951		a man in the same of the same			A C
VS 150		1 10 , 4 & 1 TO	63000	Kolley.	D. Sedon	sker EEE



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### BALTIMORE CITY HEALTH DEPARTMENT

51 4943

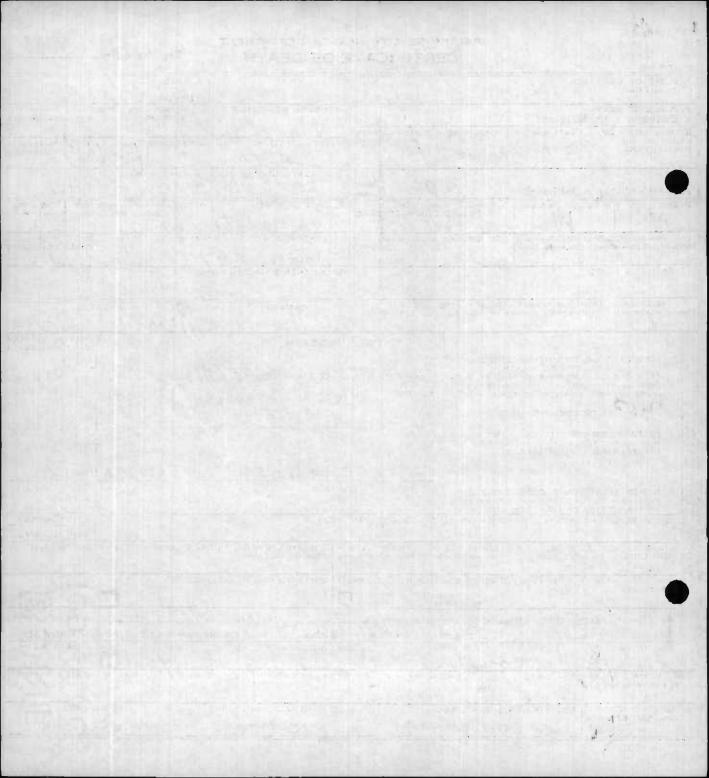
BIF	TH NO.			CERTIFICAT	E OF DEATH	iteg.stereu	110
(Ту	pe or Crint	me	2 is	er		2. DATE OF DEATH	ne/-1951
A. ]		City, Maryland			4. USUAL RESIDENCE	Where deceased lived.	lf institution : residence before admission)
B. F	ULL NAME SPITAL OR TITUTION	Farness	ospital or institution	on, give street address or location)		f outside corporate lin	its, with RURAL and give
2	803 5	arrison	Blood (	3	12 aller	ne y	township)
c.	ength of s	stay in Baltimo	re 75	Yrs. Mos. Days	p. STREET ADDRESS (III	rural, give location	
	emale	6. COLOR OF R	ACE 7. SINGLE WIDOWI	MARRIED, ED, DIVORCED (Specify)	May 11187	9. AGE (In years largebirthday)	Il Under 1 Year If Under 24 Hours Min.
10A	one during most		kind of 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or i	foreign country)	12. CITIZEN OF
13.	FATHER'S I		Pone	ock	14. MOTHER'S MAIDEN D	AME DE LE	
15. Yes,	WAS DECEAS no or unknown)	ED EVER IN U.S. A	RMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	LIK M	2623
1	18. Lt	- 1 11		CALIEF	OF DEATH	E Johnso	INTERVAL BETWEEN
	DISEA:	SE OR CONDITI LEADING TO s not mean the mare, asthenia, etc. It	ON DIRECTLY DEATH ode of dying, e. g. t means the disease	, a Qui	to Allaha of	Gent	ONSET AND DEATH
	injury or	complication whi	ich caused death.	DUE TO	611 51	11	
2	DISEASE		NS, IF ANY, GIVING	(B) // U -	- latel - had	ready	years
CAIL	RISE TO T		(A) STATING THE		hopini alli	太	yen,
FRIT	TRIBUTING	TO THE DEATH,	ONDITIONS CON- BUT NOT RELATED ITION CAUSING IT				
1		OF OPERATION	The Real Property lies and the least lies and the lies and the lies and the least lies and the least lies and the lies and	FINDINGS OF OPER	RATION		20. AUTOPSY?
- 10	21A. ACCIE LYING□ O CAUSE OF	DENT WAS UNDE		CE OF INJURY (e. g., i	n or 21c. WHERE DID (	(1f in Baltimore City	, give exact location)
Σ		(Month) (Day) (	w	1E. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
1	22. I hereb	y certify that I		deceased from	, 19/7, to Q	1, 19.	I that I last saw the
- 10-	deceased a	live on		and that death occur	rred atm., from		the date stated above.
	14	m) Tulu	. Joste	A M. D.	2824 ST. a		2-5/
719	BURIAL,	Specify 24B. DA	re 4-51	AL. NAME OF CEMETE	Par CREMATORY 240.1	OCATION (City, tow	ya, or county) (State)
	RECEIVE AL REGIST		RAR'S SIGNATUR	RE LIKE MAR	25 ELINDRAL DIRECTOR	Port &	ADDRESS 4 4 W 36 4
-	VS 150		7. 4. 19			7	Λ.

Be 9429 bo arms or

52	0
1	4944
BIRTH	NO.

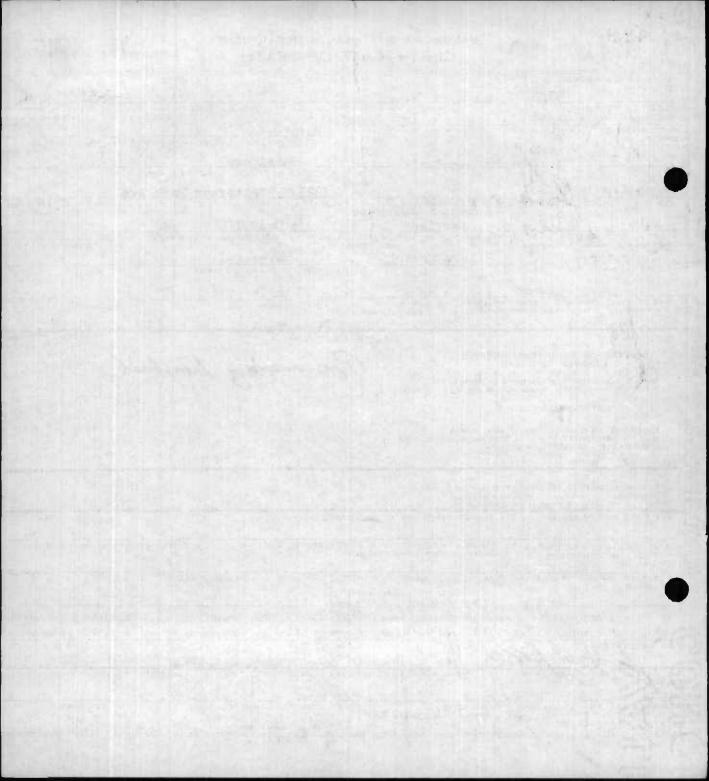
# BALTIMORE CITY HEALTH DEPARTMENT 51 4944

		CERTIFICATI	E OF DEATH	Registered N	0
	IRTH NO.	77			, , ,
(1	NAME OF DECEASED HENRY	KENSCH		2. DATE OF DEATH	1/51
	. PLACE OF DEATH: . Baltimore City, Maryland		4. USUAL RESIDEN	CE (Where deceased lived If is B. COUNTY	nstitution: residence before admission)
	FULL NAME OF (If not in hospital or institu		MARYLI	9ND	25 -02
	OSPITAL OR NSTITUTION 1910 A VENUE	A location)	C. CITY OR TOWN	(If outside corporate limits,	
U	NSTITUTION 1318 NIKENW		BALTO		township)
	mostly of stars in Delti	Yrs.	D. STREET ADDRESS	(If rural, give location)	DAVE
	Sength of stay in Baltimore	E. MARRIED.	8. DATE OF BIRTH		
٠.		WED, DIVORCED (Specify)	AUG, 11, 12	last birthday) Mon	Under 1 Year H Under 24 Hours ths Days Hours Min.
10	DA. USUAL OCCUPATION (Givekindof 108. KIN	D OF BUSINESS OR	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF
	k done during most of working life, even if retired)  13 19 KER  WHOLE S.	ALE BAKING	GERMI	9NV	WHAT COUNTRY?
13	3. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
	UNKNOWN			UNKNOWN	
15 (Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCES?  on, no or unknown) (If yes, give war or dates of service)	16, SOCIAL SECURITY NO.	17. INFORMANT	T) AD	DRESS
	NO	SECORITI NO.	MRS, BEATI	RIGE TENSOH	- SAME
	18. 4721	CAUSE	OF DEATH	1	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	1			ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.		ERIOSCIE	ROTIC	100
	heart failure, asthenia, etc. It means the disea	986		garren.	
	injury or complication which caused deat	th.) DUE TO CA	RD10-VASC	ULAR DISER	SE U
_	ANTECEDENT CAUSES				
0	DISEASES OR CONDITIONS, IF ANY, GIVE	(B)			
Ě	RISE TO THE ABOVE CAUSE (A) STATING 7	THE DUE TO			
CA	UNDERLYING CONDITION LAST.			1	
Ē		(C) SEN	ERALIZED	HRTERIOSCI	EFRASIS
RTIFICATION	OTHER SIGNIFICANT CONDITIONS CO				
[1]	TRIBUTING TO THE DEATH, BUT NOT RELAT	TED			
U	19A. DATE OF OPERATION   19B. MAJOR	R FINDINGS OF OPER	ATION		20. AUTOPSY?
AL	0				YES NO
0	21A. ACCIDENT, SUICIDE, 21B. PL	ACE OF INJURY (e. g., in	or   21c. WHERE DID	(If in Baltimore City, gi	
EDICAL	HOMICIDE (Specify) about bome	, farm, factory, street, office bldg., e	etc.) INJURY OCCUR?		
Σ	ID. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN	NJURY OCCUR?	
	INJURY m.	WHILE AT NOT WHILE		,	
	22. I hereby certify that I attended the	/	1 1951	10 6/1 1057	that I last saw the
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and that death occur		rom the causes and on the	
	23A S/GNATURE		3B. ADDRESS	2	23C. DATE SIGNED
	Henry J. House	ba / M.D.	3,3,3 0.€	and live.	6/1/51
24	4A. BURIAL, CREMA- ON, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 2	24D. LOCATION (City, town, o	or county) / (State)
	BURIAL 6/4/51	LOUDON PK	EM	BALTO MA	
D	ATE RECEIVED BY   REGISTRAR'S SIGNAT	URE	25. FUNERAL DIREC	TOR / /	ADDRESS
- 1	JUN 2-1951 / sinter of NA	diament, the	My. O Josen	gr & Son Inc. L	ello mi.
_	VS 150	FON YU			927
					West of the second

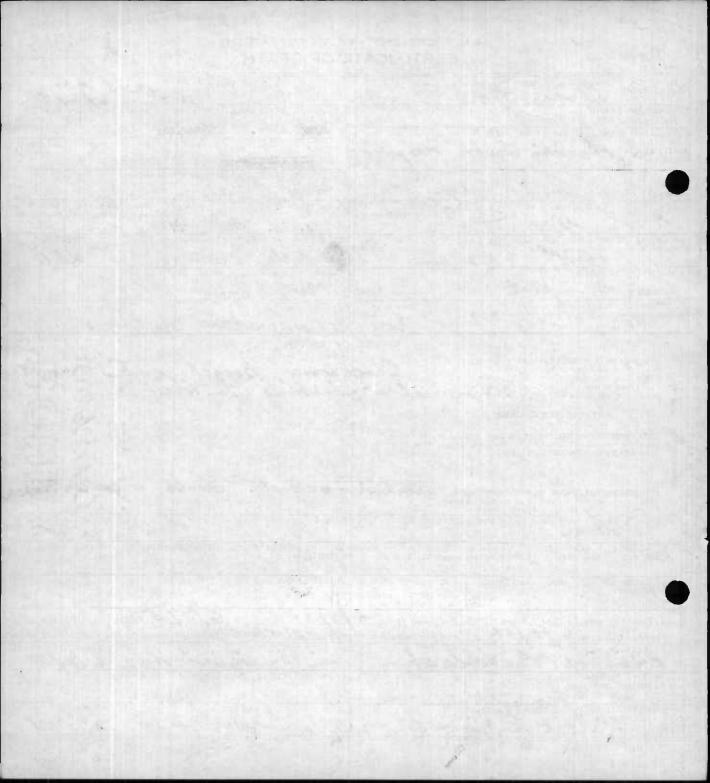


### CERTIFICATE OF DEATH Registered No. 4945 BALTIMORE CITY HEALTH DEPARTMENT

В	IRTH NO.	100		CERTIFICAT	E OF DEAT	1	
	NAME OF D	ECEASED				2. DATE	
<u> </u>		WISBECK	. Anth	ony M.		OF DEATH	6-2-51
3 A	Baltimore (	City, Maryland St	. Jose	ph's Hosp	A. STATE		d lived. If institution: residence UNTY before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institut	tion, give street address of iocation		(If outside corpo	prace limits, write RURAL and give
1	11	St. Jose	nhe Ho	enital	Baltime	ore	) ( township)
	Donath of a			Yrs. Mos.		SS (If rural, give lo	
	. SEX	tay in Baltimore	7 SING	Days E, MARRIED,	8. DATE OF BIRTH	tterson Park	Ave a years If Under 1 Year If Under 24 Hours
		TOOLON ON MAIOE	WIDOV	VED, DIVORCED (Specif	y)	last birt	hday) Months Days Hours Min.
10	Male	White	M	arried	7-25-190		
WOI	k dooe during most	CUPATION (Give kind of of working life, even if retired)	10B. KINI	OF BUSINESS OR	Y BIRTHPLACE (S	tate or foreign country	y) 12. CITIZEN OF WHAT COUNTRY?
		tored	Balta	o. Transit Co	· Baltin	more	USA
13	B. FATHER'S	NAME			14. MOTHER'S MAI		
1.6	H	enry Wisbeck			Lillie	Schoepplein	
(Ye	m, no or uoknowo)	ED EVER IN U. S. ARMEI (If you, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	10			?	Mr. Leonard	A. Blair 4	705 Pilorim Rd.
	18. 40	11X.		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY		0		ONSET AND GEATH
		LEADING TO DEAT	TH	/	Kneumonia	- hones	real
	heart failu	re, asthenia, etc. It mca	ns the diseas	se,			
	injury or	complication which c	aused death	.) DUE TO			
	at the state of th	ANTECEDENT CAUS	ES				
Z	DICEACE	C OD COMPUNIONS		(B)	***************************************	*************	
5	RISE TO T	S OR CONDITIONS, II HE ABOVE CAUSE (A)	STATING TH				
<	UNDERLY	YING CONDITION LA	ST.	(C)			
10				(0)			
ERTIFICATION	OTHER	II CONDI	*10NC				
띪	TRIBUTING	GONIFICANT CONDI	NOT RELATE	D			
U		ISEASE OR CONDITION					
1	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
DICAL			1 04- 51			- (76 t P 101	YES NO
Ш		R CONTRIBUTING DEATH		ACE OF INJURY (e. g., farm, factory, street, office bldg		R?	ore City, give exact location)
Σ	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID	INJURY OCCUR?	A CONTRACTOR OF THE PARTY OF TH
	FINJURY			WHILE AT NOT WHILE			
		***************************************	m.	WORK AT WORK		/	
- 1							, 19_5, that I last saw the
	deceased a	live on June 2,	_, 19_51	and that death occu	erred at 2:55 Am.,	from the causes a	and on the date stated above.
	23A. SIGNA	ORED PA	da.	1	23B. ADDRESS		23c. DATE SIGNED
	6	· Vam Cop	ray	M. D.	St. Joseph's	Hospital	June 2, 195
2. TI	AA. BURIAL. ON. REMOVAL (S	CREMA- 24B. DATE	10	24c. NAME OF CEMET	ERY OR CREMATORY	24b. LOCATION (C	City, town, or county) (State)
	Burgal	June 5		Holy Redeen		Balto. Md.	
	ATE RECEIVE OCAL REGIST		SSIGNATU	Villiams M.E.	25. FUNERAL DIRE	CTOR	ADDRESS
-	UN 2-19	351			Vem. Jecks	ner & Jons.	Inc Balla ma
	VS 150	1	1 2	62551	4 / 0		107



1. NAME OF DECEASED (Type or Print)  2. DATE OF DEATH OF DEATH A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR LINETIFICION)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give	L	4946	5-	160					PARTMENT	Registe	51 ered No.	4:	946
PLACE OF DEATH  Baltimore City, Maryland  A. USUAL RESIDENCE (Where delived, if indicated residence or logation)  B. FULL NAME OF (If not in benipital or institution, elve street address or logation)  B. FULL NAME OF (If not in benipital or institution, elve street address or logation)  B. FULL NAME OF (If not in benipital or institution, elve street address or logation)  B. FULL NAME OF (If not in benipital or institution, elve street address or logation)  B. FULL NAME OF (If not in benipital or institution, elve street address or logation)  B. FULL NAME OF (If not in benipital or institution, elve street address or logation)  B. FULL NAME (If outside curporate limits, write RURAL and ejuing in the logation)  B. SEX	В	IRTH NO.				SEKTIF	ICATE	OF DE	AIN				
A SPILAR OF CITY, Maryland  Baltimore (Tity Maryland of (Titot in hospital or institution, elve street address or social operation)  F. FLLL NAME OF (Titot in hospital or institution, elve street address or social operation)  F. FLLL NAME OF (Titot in hospital or institution, elve street address or social operation)  F. FLLL NAME OF (Titot in hospital or institution, elve street address or social operation)  F. FLL NAME OF (Titot in hospital or institution, elve street address or social operation)  F. FLL NAME OF (Titot in hospital or institution, elve street address or social operation)  F. FLL NAME OF (Titot in hospital or institution, elve street address or social operation)  F. FLL NAME OF CALL NAME OF (First address of the titot in hospital or institution)  F. FLL NAME OF CALL NAME OF (First address of the titot in hospital or institution)  F. FLL NAME OF CALL NAME OF (First address of the titot in hospital or institution)  F. FLL NAME OF CALL NAME OF (First address of the titot in hospital or institution)  F. FLL NAME OF CALL NAME OF (First address of the titot in hospital or institution)  F. FLL NAME OF CALL NAME OF (First address of the titot in hospital or institution)  F. FLL NAME OF CALL NAME OF (First address of the titot in hospital or institution)  F. FLL NAME OF CALL NAME OF (First address of the titot in hospital or institution)  F. FLL NAME OF CALL NAME OF (First address of the titot in hospital or institution)  F. FLL NAME OF CALL NAME OF (First address of the titot in hospital or institution)  F. FLL NAME OF CALL NAME OF (First address of the titot in hospital or institution)  F. FLL NAME OF CALL NAME OF (First address of the titot in hospital or institution)  F. FLL NAME OF CALL NAME OF (First address of the titot in hospital or institution)  F. FLL NAME OF CALL NAME OF (First address of the titot in hospital or institution)  F. FLL NAME OF CALL NAME OF (First address of the titot in hospital or institution)  F. FLL NAME OF CALL NAME OF CAL				va *	Spear	*HIL.	LMAN			OF /	2:15	75	157
C. CITY OR TOWN. (If outside corporate limits, write RURAL and give township)  Township of stay in Baltimore  C. Congth of stay in Baltimore  S. SEX  G. COLOR OR RACE  S. SEX  S.	A.	Baltimore	City, Mar										
The stay in Baltimore  SEX  G.COLOR OR RACE  WIDDOWD, DIVORCED (specify)  AD . 24 1874  AD . 24 1874  AD . 24 1874  FILL STAY STAY STAY STAY STAY STAY STAY STAY	H	OSPITAL OR				Mosp		c. CITY OR				rite RUI	RAL and give township)
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TO A USUAL OCCUPATION (Givehinded)  10. USUAL OCCUPATION (Givehinded)  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY  13. PATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECASTD EVER IN U. S. ARKED FORCES!  16. SOCIAL  17. INFORMANT  18. WAS DECASTD EVER IN U. S. ARKED FORCES!  18. WAS DECASTD EVER IN U. S. ARKED FORCES!  18. WAS DECASTD EVER IN U. S. ARKED FORCES!  19. WAS DECASTD EVER IN U. S. ARKED FORCES!  10. WAS DECASTD EVER IN U. S. ARKED FORCES!  10. WAS DECASTD EVER IN U. S. ARKED FORCES!  11. WAS DECASTD EVER IN U. S. ARKED FORCES!  11. WAS DECASTD EVER IN U. S. ARKED FORCES!  11. WAS DECASTD EVER IN U. S. ARKED FORCES!  11. WAS DECASTD EVER IN U. S. ARKED FORCES!  12. WAS DECASTD EVER IN U. S. ARKED FORCES!  13. WAS DECASTD EVER IN U. S. ARKED FORCES!  14. MOTHER'S MAIDEN NAME  OF RIPE OF CONDITION DIRECTLY  CAUSE OF DEATH  (This does not mean the mode of dying, e. g., institution of the path of the mode of dying, e. g., institution of the path of the mode of dying, e. g., institution of the path of the mode of dying, e. g., institution of the path of the mode of dying, e. g., institution of the path of the mode of dying, e. g., institution of the path of the mode of dying, e. g., institution of the path of the mode of dying, e. g., institution of the path of the mode of dying, e. g., institution of the path of the mode of dying, e. g., institution of the path of the mode of dying, e. g., institution of the path of the mode of dying, e. g., institution of the path of the mode of dying, e. g., institution of the path of the mode of dying, e. g., institution of the path of the mode of dying, e. g., institution of the path of the mode of decast of the mode of the mode of the decast of the mode of the mode of the mode of the decast of the mode o	_				7 SINGLE	MARRIED	Days II				sars II linder	1 Year	If Hodas 24 House
INDUSTRY HONG  13. PATHER'S NAME  15. WAS DECEASED EVER IN G. S. ARMED FORCES? (Yes, so or onlysers)  15. WAS DECEASED EVER IN G. S. ARMED FORCES? (Yes, so or onlysers)  16. SOCIAL SECURITY NO.		F	u	,			ED (Specify)						
13. FATHER'S NAME  15. WAS DECEASED EVER IN G. S. ARMED FORCES?  (Yes, so or ordayawa)  16. SOCIAL  17. INFORMANT  17. INFORMANT  17. INFORMANT  17. INFORMANT  17. INFORMANT  17. INFORMANT  18. CAUSE OF DEATH  (This does not mean the mode of dying, e. g., heart failure, astenia, et. it means the disease, beart failure, astenia, et. it means the disease, one of the disease, in the disease, in the disease, one of the disease	1 C	k done during most	CCUPATION tof working life,	(Give kind of even if retired)		- 11		11. BIRTHPL	11.		12.		
15. WAS DECERSED EVER IN V. S. ARMED FORCES? (Yes, soor or obspan)  16. SOCIAL SECURITY NO. Note:  Note:  Note: No	13		NAME		AI	HOME		14 MOTHER				4.	
15. WAS DECEASED EYER IN 0. S. ARMED FORCES?  (Yes, so or outsympt)  18. / CAUSE OF DEATH  (This does not mean the mode of dying, e.g., heart failure, sisherin, etc. It means the disease, lipluy or complication which cause death)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION LAST.  (C)  OTHER DISEASE OR CONDITION LAST.  (D)		_	Dave	part				Many					
18.   CAUSE OF DEATH   INTERVAL BETWEEN ONSET AND DEATH   (This does not mean the mode of dying, e.g., heart failure, astheria, etc. It means the disease, injury or complication which caused death.)   CAUSE OF DEATH   (This does not mean the mode of dying, e.g., heart failure, astheria, etc. It means the disease, injury or complication which caused death.)   CAUSE OF DEATH   (A)   CAUS	15	. WAS DECEAS	SED EVER IN	U. S. ARMED	FORCES?	16. SOCIAL		17. INFORMA		32	ADDR	ESS	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT, SUCIDE, about home, farm, factory, street, office bidg, etc.)  19. TIME (Month) (Day) (Year) (Hour)  21B. FLACE OF INJURY (c. g., is or land the causes and on the date stated above land that death occurred at a favora at work and that death occurred at a favora and the date stated above 23A SIGNATURE  23A SIGNATURE  24A. BURNAL, GREMA- 24B. DATE  24C. NAME OF CEMETERY OR CREMATORY  ADDRESS  A	(10	No	(2, 300, 8,	ve war or dates	or service)			MR. Flour	E. WARRIN	IER . 796	LINNAR	05,	7.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DISEASE OR CONDITION AUXING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT, SUICIDE (Specify) about home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR?  11D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  11D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  122. I hereby certify that I attended the deceased from 4 for work at work at work at work deceased alive on 2 for many of the date stated above 23A. SIGNATURE 23B. ADDRESS.  23B. ADDRESS.  23C. DATE SIGNED 23C. DATE 31GNED 23C. DATE 31GNED 32C. DATE SIGNED 32C. DATE	FICATION	heart fail injury of	es not mean lure, asthenia r complicati  ANTECED  ES OR CON THE ABOVE	the mode of the control of the contr	f dying, e. g. ns the disease aused death. SES F ANY, GIVING STATING TH	(B)		uoma Las Kas	, oraș is %	liver	see .	Pro	· 51
19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  20. AUTOPSY?  YES NO  21A. ACCIDENT, SUICIDE.  10 About bome, farm, factory, street, office bidg., etc.)  21B. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.)  21C. WHERE DID (If in Baltimore City, give exact location)  11D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  22C. I hereby certify that I attended the deceased from farwork  23A. SIGNATURE  23B. ADDRESS  23C. DATE SIGNED  24C. NAME OF CEMETERY OF CREMATORY (24D. LOCATION (City, town, or county) (State)  11D. TIME (Month) (Day) (Year) (Hour)  22C. I hereby certify that I attended the deceased from farwork (Specify)  No. D. Fart Signam the causes and on the date stated above  23A. SIGNATURE  24C. NAME OF CEMETERY OF CREMATORY (24D. LOCATION (City, town, or county) (State)  11D. TIME (Month) (Day) (Year) (Hour)  22C. I hereby certify that I attended the deceased from farwork (State)  23C. DATE SIGNED  24C. NAME OF CEMETERY OF CREMATORY (24D. LOCATION (City, town, or county) (State)  11D. TIME (Month) (Day) (Year) (Hour)  24C. NAME OF CEMETERY OF CREMATORY (24D. LOCATION (City, town, or county) (State)  11D. TIME (Month) (Day) (Year) (Hour)  22C. I hereby certify that I attended the deceased from farwork (15D. Month)  22C. I hereby certify that I attended the deceased from farwork (15D. Month)  22C. I hereby certify that I attended the deceased from farwork (15D. Month)  22C. I hereby certify that I attended the deceased from farwork (15D. Month)  22C. I hereby certify that I attended the deceased from farwork (15D. Month)  22C. I hereby certify that I attended the deceased from farwork (15D. Month)  22C. I hereby certify that I attended the deceased from farwork (15D. Month)  22C. I hereby certify that I attended the deceased from farwork (15D. Month)  22C. I hereby certify that I attended the deceased from farwork (15D. Month)  22C. I hereby certify that I attended the deceased from farwork (15D. Month)  22C. I hereby certify	ш	TRIBUTIN	NG TO THE	NT CONDI	NOT RELATE	D	Kari -	scen	ofre c	eroko -	vale	las	desca
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22. I hereby certify that I attended the deceased from the deceased alive on 6 2 5,19, and that death occurred at 2 5,19 mm the causes and on the date stated above 23A. SIGNATURE  24A. BURIAL, CREMA- 24B. DATE  10N, REMOVAL (Specify)  Removal  24C. NAME OF CEMETERY OR CREMATORY  25, FUNERAL DIRECTOR  ADDRESS  VS 150  21F. HOW DID INJURY OCCUR?  22 J 5, 19 , that I last saw the deceased alive on 6 2 5, 19 , that I last saw the deceased alive on 6 2 5, 19 mm the causes and on the date stated above 23A. SIGNATURE  23B. ADDRESS  23C. DATE SIGNED  6 2 5 7 10 10 10 10 10 10 10 10 10 10 10 10 10	AL		Works	2								YES	No 🗌
22. I hereby certify that I attended the deceased from T 1 19, to 2 5,19, that I last saw the deceased alive on 6 2,19, and that death occurred at 2 15 1,19 m the causes and on the date stated above 23A. SIGNATURE  24A. BURIAL. CREMA- 14B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)  Removal June 2, 1951 Oakwood Cem.  DATE RECEIVED BY LOCAL REGISTRAR IN 2-1951 REGISTRAR'S SIGNATURE 25, FUNERAL DIRECTOR ADDRESS  LOCAL REGISTRAR IN 2-1951 ADDRESS ADD	EDIC									lf in Baltimore	City, give	exact l	ocation)
22. I hereby certify that I attended the deceased from \$\frac{4}{9}\$, 19, to \$\frac{2}{9}\$, 19, that I last saw the deceased alive on \$\frac{2}{9}\$, 19, and that death occurred at \$\frac{2}{9}\$, 19 m the causes and on the date stated above 23A. SIGNATURE  23B. ADDRESS,  24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) 10N, REMOVAL (Specify)  Removal	M			Day) (Year)	w	HILE AT	NOT WHILE	D 21F. HOV	V DID INJUR	Y OCCUR?			
23A. SIGNATURE  Cokum W. Xau Jeels Ch. M.D. Frankly Squar Hopp 6/2/57  24A. BURIAL, CREMA- TION, REMOVAL (Specify)  Removal June 2. 1951 Oakwood Cem.  DATE RECEIVED BY LOCAL REGISTRAR JUN 2-1951 REGISTRAR  LOCAL REGISTRAR  LOCA		1 -		100	ended the	deceased fr	om 4-/						
Eckeria W. Cau Jeche Ch. M.D. Franchis Squar Hopp. 6/2/51  24a. BURIAL, CREMA- TION, REMOVAL (Specify) Removal June 2, 1951 Oakwood Cem. Richmond, Va.  DATE RECEIVED BY LOCAL REGISTRAR JUN 2-1951 REGISTRAR JUNE 25, FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR JUN 2-1951 REGISTRAR  VS 150				1-1-	<b>7, 4</b> 9, a	ind that de				ine causes and			
Removal June 2. 1951 Oakwood Cem. Richmond, Va.  DATE RECEIVED BY LOCAL REGISTRAR JUN 2-1951 REGISTRAR'S SIGNATURE  JUN 2-1951 REGISTRAR JUNE LOCAL REGISTRAR'S SIGNATURE  VS 150		Eoko	in W.	da	u der b	ach	M. D.	ran 6/1	4 590	an Ho	0. 6	/2	151
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE  JUN 2 - 1951  VS 150  VS 150	TI	ON, REMOVAL (	(Specify)		2							ounty)	(State)
JUN 2-1951 Linte to Williams, Mr. Jekour , Sons. Inc. Ballo. md.	_									chmond, V	8.	DRES	3
VS 150 47C			951	tu.	To Nellia	yes, Asia		Mm.	Jukner	V Sons. In	c' Bo	Me.	md.
		VS 150		3	the state of the s	" States Song		4 7 1	y y	•	L	+7	C



(			TH DEPARTMEN	T Registered N	4947
	NAME OF OECEASEO William H.	Park	5	2. DATE OF DEATH	e1,195,
	PLACE OF DEATH: Baltimore City, Maryland	Α.	USUAL RESIDENCE STATE	(Where deceased lived, If in B. COUNTY	nstitution : residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street a DSPITAL OR ISTITUTION JOIE, 4184	location) C.	Md. CITY OR TOWN Baltimore	(If outside corporate limits,	write RURAL and give township)
	ength of stay in Baltimore	Yrs. D. Mos. Days	STREET ADDRESS	(If rural, give location)	
-	SEX 6. COLOR OR RACE 7. SINGLE, MARRIEO, WIOOWEO, OIVORCED Macried  A. USUAL OCCUPATION (Givekindof) 108, KIND OF BUSINESS	(Specify) 8.	501 E. 41st. DATE OF BIRTH  July 3, 1906 BIRTHPLACE (State of	last birthday) Mon	hder 1 Year Hunder 24 Hours the Days Hours Min.
wor		DUSTRY	Balto. Md.		USA
10	Wm. R. Parks	X) 14	. MOTHER'S MAIOEN		
15 (Ve	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL  6, oo or uokoown) (If yee, give war or dates of service) SECURIT	17	. INFORMANT	C. Weston	ORESS
,,,,	No !?		rs. Dorothy	. Parks 501 E.	41 st. St.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	AUSE OF	TONGLY	Disease	3 days
CATION	ANTECEDENT CAUSES  (B)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)				
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
O.	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	F OPERATI	ON		20. AUTOPSY?
EDICAL	21A. EXTERNAL CAUSE WAS UNOERLYING OR CONTRIB- UTING CAUSE OF OEATH.	Y (e. g., io or ffice bldg., etc.)	21c. WHERE DIO INJURY OCCUR?	(If in Baltimore City, gi	ve exact location)
ME		OCCURREO OT WHILE	21F. HOW OIO INJU	JRY OCCUR?	
	22. I certify that I took charge of the remains desc the evidence obtained by said Autopsy, Inspecti and death in my opinion resulted from: natural	on or Inqu	Autops ciry, find that said	y, Unspection or Inquiry deceased died on the	thereon and from day stated above, determined .
	23A. SIGNATURE	M.D.	23B. CHIEF MEDICA ASSISTANT MEDICA MEDICAL INVESTIG	L EXAMINER 230	DATE SIGNED
2. TI	AA. BURIAL CREMA- ON, REMOVAL (Specify)	CEMETERY	OR CREMATORY 240	. LOCATION (City, town, o	r county) (State)

Burial
Date Received By
Local Registrar V S 151

June 4, 1951 REGISTRAR'S SIGNATURE

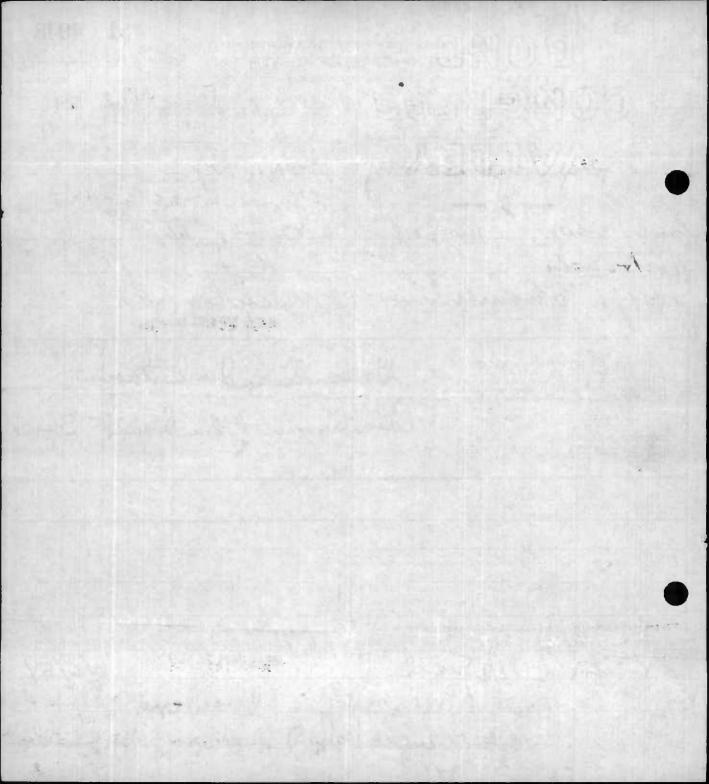
e Cem. Pi

AOORESS

### BALTIMORE CITY HEALTH DEPARTMENT

1	- 1	
1	51	4948

I. NAME OF DECEASED  OPENT JUN 2-1951  S. PLACE OF DEATH  S. PLACE OF DEATH  D. STATE		CERTIFICATE O	" DEATH	registered 140	
S. PLACE OF DEATH:  Baltimore (If not in hospital or institution, give street address or control of the property of the proper		Clarkon.	32/808	OF JUN 9- 40	51
C. L'ENDRTH OF STAY IN Baltimore  C. L'ENDRTH OF STAY IN Baltimore  S. SEX  D. STREET ADDRESS (If ruryd, give location)  Manual Company of the Stay in Baltimore  S. SEX  D. STREET ADDRESS (If ruryd, give location)  Manual Company of the Stay in Baltimore  Manual Company of the Stay	3. PLACE OF DEATH:	Opli- 4.5	JSUAL RESYDENCE (Wh	ere deceased lived. If institution:	
C. Dength of stay in Baltimore  9. SEX  9. COLOR OR RACE  17. SINGLE, MARRIED  WIDOWED, DIVORCE (Specify)  10. STREET ADDRESS (If trury, give location)  10. STREET ADDRESS (If trury, give location)  11. BIRTHPLACE (State or tyreign country)  12. ACRY (in year) [ tible! They I blain it limits a location of the state	HOSPITAL OR	less Alexa V	ITY OR TOWN (If or	atside corporate limits, write RUI	RAL and give
C. Dongth of stay in Baltimore  S. SEX  G. COLOR or RACE  WINDWOLD DIVORCED (specify)  WINDWOLD DIVORCE	The Hopkin	a dish	CHANDER	1 V	
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED. (COLOR OF BIRTH 1 ACK IN PRESENT AND THE COLOR OF COLOR	c Length of star in Baltimore	Mos	TREET ADDRESS (If ru	ral, give location)	
ON JUSTAL COCUPATION (GRENDER) 10B. KIND OF BUSINESS OR INDUSTRY  13 FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. MAS BECEASED EVER IN U. S. ARMED FORCES? 10. SOCIAL SECURITY NO. 17. INFORMANT TO THE REAL OF THE MASS AND DEED TO AND THE MASS AND DEED TO THE MASS AND THE MASS AND DEED TO THE SIGNIFICANT CONDITIONS (A. B. T. M. S. T. M	5. SEX   6. COLOR OR RACE   7. SINGLE	. MARRIED,   8. D	ATE OF BIRTH		
TATHER'S NAME  14. MOTHER'S MAIDENNAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT REPORTED FORCES?  18. CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g., heart failure, authenia, etc. It means the disease, minury or complication which caused death.)  ANTECEDENT CAUSES  19. ANTECEDENT CAUSES  19. ANTECEDENT CONDITIONS, IF ANY, CIVING RISE TO THE ADOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  19. ANTECEDENT CAUSES  19. ANTECEDENT CONDITIONS CONTRIBUTING ON THE ADOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  19. ANTECEDENT WAS UNDER LAST CONDITIONS OF OPERATION  21. ACCIDENT WAS UNDER LAST CONDITIONS OF OPERATION  22. AUTOPSY?  TYPE JOSEPH CONTRIBUTING CONDITIONS OF OPERATION  22. AUTOPSY?  TYPE JOSEPH CONTRIBUTING CONTRIBUTION COUNTRIBUTING CONTRIBUTING CONTRIBUTION	Lemale White m	arried 1	10-17-84	46	
14. MOTHER'S MAIDE NAME  17. MAS DECASED CYFR IN U.S. ARMED FORCES?  18. / O X DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This docs a state of desay of decay of the de	fork dore during most of working life, even if retired)		W . Q		
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21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING   21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)   21C. WHERE DID (If in Baltimore City, give exact location)   1NJURY OCCUR?   21F. HOW DID INJURY OCCUR?   21F. HOW DID INJURY OCCUR?   21F. HOW DID INJURY OCCUR?   22. I hereby certify that I attended the deceased from   22. I hereby certify that I attended the deceased from   23A. SIGNATURE   23B. ADDRESS   23B. AD	TRIBUTING TO THE DEATH, BUT NOT RELATED				
21a. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg, etc.)  21a. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg, etc.)  21b. PLACE OF INJURY (e. g., in or lying or contribution)  21c. WHERE DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22 I hereby certify that I attended the deceased from 1	19a. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPERATION			
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22. I hereby certify that I attended the deceased from 5 2 195 to 6 2 , 195, that I last saw the deceased alive on 6 2 , 195, and that death occurred at 6 2 m., from the causes and on the date stated above.  23A. SIGNATURE  23B. ADDRESS  23B. ADDRESS  23B. ADDRESS  23B. ADDRESS  24B. DATE  24B. DATE  24B. DATE  25C. FUNERAL DIRECTOR  ADDRESS  VS 150  VS 150	LYING OR CONTRIBUTING about home, fa	CE OF INJURY (e.g., in or   2	21c. WHERE DID (If	YES	No [
deceased alive on 2 - , 1907, and that death occurred at 6 Am., from the causes and on the date stated above.  23a. SIGNATUSE  23b. ADDRESS  23b. ADDRESS  24b. DATE  24b. DATE  24b. DATE  24c. MAME of CEMETERY of CREMATORY  24d. LOCATION (City, town, or every)  25c. FUNERAL DIRECTOR  ADDRESS  VS 150	LYING OR CONTRIBUTING about home, fa	CE OF INJURY (e.g., in or rm, factory, street, office bldg., etc.)	21c. WHERE DID (II INJURY OCCUR?	YES YES In Baltimore City, give exact lo	No [
238. ADDRESS (SIME) 22C. DATE SIGNED  248. DATE SIGNED  248. DATE SIGNED  258. DATE SI	LYING OR CONTRIBUTING about home, far CAUSE OF DEATH  TIME (Month) (Day) (Year) (Hour) 2 INJURY	CE OF INJURY (e. g., in or 2 rm, factory, street, office bldg., etc.)	21c. WHERE DID (II INJURY OCCUR?	YES YES In Baltimore City, give exact lo	No [
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DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR APPRIESS VS 150	LYING OR CONTRIBUTING about home, far CAUSE OF DEATH  TIME (Month) (Day) (Year) (Hour) 2  INJURY  22. I hereby certify that I attended the deceased alive on 2 - , 1937, at 23A. SIGNATURE	CE OF INJURY (e.g., in or rm, factory, street, office bldg., etc.)  1E. INJURY OCCURRED  HILE AT NOT WHILE  WORK AT WORK  deceased from J  and that death occurred a  23B. Al	21c. WHERE DID (If INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  195/to 6  15/7m., from the DDRESS	YES in Baltimore City, give exact to DCCUR?  2 - , 1957, that I lo causes and on the date sto 18 HOSPITA:	est saw the sted above.
111 3-1951 + 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LYING OR CONTRIBUTING about home, far CAUSE OF DEATH  TIME (Month) (Day) (Year) (Hour) 2  INJURY  22. I hereby certify that I attended the deceased alive on 2 - , 1937, at 23A. SIGNATURE	CE OF INJURY (e.g., in or rm, factory, street, office bldg., etc.)  1E. INJURY OCCURRED  HILE AT NOT WHILE  WORK AT WORK  deceased from J  and that death occurred a  23B. Al	21c. WHERE DID (If INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  195/to 6  15/7m., from the DDRESS	YES in Baltimore City, give exact le DCCUR?  2 - , 19.7, that I le causes and on the date sto 18.10 (City, town, or capty)	est saw the sted above.
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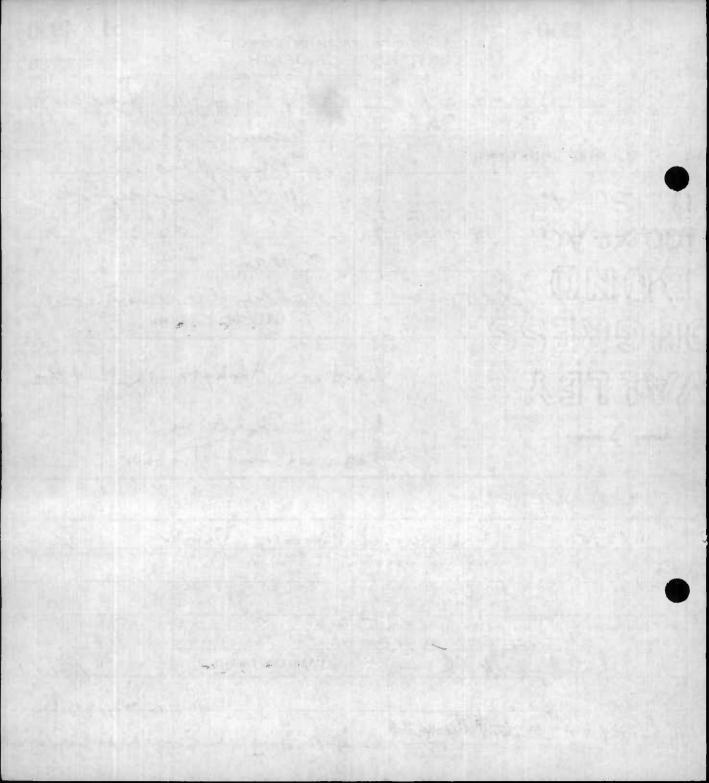


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6 2 6 Bown BALTIMORE CITY HE	EALTH DEPARTMENT 51 4949  F. OF DEATH Registered No.
BIRTH NO. N. R. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED	12. DATE
(Type or Print) Nounce M	Parker DEATH June 2/95,
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution : residence
A. Baltimore City, Maryland	A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INTITUTION CHAS HOPKINS HOSPITAL	Campbridge township)
Yrs,	D. STREET ADDRESS (If rural, give location)
Mos.	2.2-1/1/201 End Gine
SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE (In years   If Under 1 Year   If Under 24 Hours
WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) INDUSTRY	
13. FAPAER'S NAME	14. MOTHER'S MAIDEN NAME
RIII	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	- Trouvel Ille
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	JOHNS HOPKINS HOSPITAL
	OF DEATH ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	tible Care (Insuralis
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	xaem will search
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	a lu meninalla
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	w 1
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
d late place of manage (	YES NO
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	
CAUSE OF DEATH	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 5	-30-, 195/, to 6-2-, 195/that I last saw the
deceased alive on 6 727, 19.51 and that death occur	rred at 9 11 m. from the causes and on the date stated above.
	23B. ADDRESS 23C. DATE SIGNED
C LUNCHAM M.D.	JOHNS HOPKINS HOSPITAL
24A. HURLAL, CREMA- TION REMOVAL (Specify) 24B. DATE 14C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
0/2/51	March Veneral March 1
	carnivaling, markany
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS  Renneth Thomas - Cambridge Ma
DATE RECEIVED REGISTRAR'S SIGNATURE  VS 150	25. FUNERAL DIRECTOR ADDRESS  **Cambridge Mod  **Cambridg

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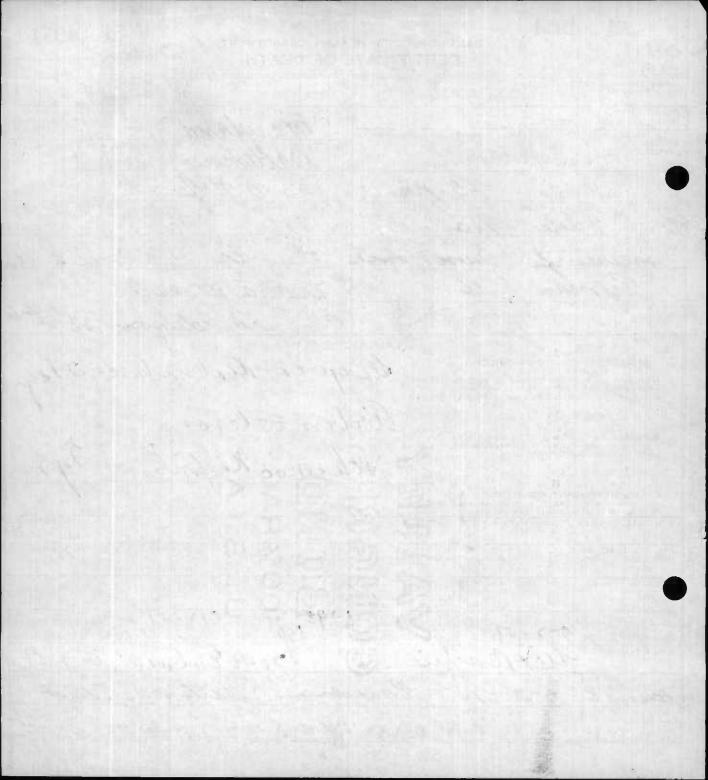
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~10	CERTIFICATE	OF DEATH	Registered No.	
BIRTH NO.	CERTIFICATE	OF DEATH	Acquisiteled 110.	
1. NAME OF DECEASED (Type or Print)	loth 10 -	m. Phy	2. DATE OF DEATH	12/9.5.
3. PLACE OF DEATH: A. Baltimore City, Maryland New A.	meg 4	4. USUAL RESIDENCE (Who		titution : residence before admission)
B. FULL NAME OF (If not in hospital or institution INS	location)	c. CITY OR TOWN (If ou	itside corporate limits, w	rite RURAL and give
TOTAL TOTAL TOTAL TOTAL		Meny	tus	- COWINSTIFF)
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If page 1)	ral, give location)	are
	E. MARRIED. WED, DIVORCED (Specify)	3 - 3/- '01	e. AGE (In years last birthday) Month	s Days Hours Min.
10A. USUAL OCCUPATION (Give kind of york done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)   12	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		yia.		
		14. MOTHER'S MAIDEN NAM	The state of the s	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	raon	Jally (	irmols	ong
(Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMATING ROPKIN	S NON-THE ADD	RESS
18. 231X	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		, A	11	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused deat	ac,	rdice Archy	thmix	1 11-
ANTECEDENT CAUSES	h.) DUE TO			
z	(B) Lu	no Kesect	ion	
DISEASES OR CONDITIONS, IF ANY, GIVI RISE TO THE ABOVE CAUSE (A) STATING T	NG			***************************************
UNDERLYING CONDITION LAST.	(c) Undiag	znosel Lung	lumor	
F. CTUER CIGNIFICANT CONDITIONS				7-11-11
OTHER SIGNIFICANT CONDITIONS CO	ŁD .			
TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION   19B. MAJOF	T. FINDINGS OF OPERA	TION		20. AUTO/SYT
6/2/51 U.	dieanosed	01	- mon	YES NO
	ACE OF INJURY (e. g., in farm, factory, street, office bldg., etc	or   21c. WHERE DID (If i	in Baltimore City, give	
D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJURY (	OCCUR?	
m.	WHILE AT NOT WHILE AT WORK			
22. I hereby certify that I attended the	deceased from 5-	23- , 195/ to 6	-2-,195/t	hat I last saw the
deceased alive on 6-2-, 1951,	and that death occurr	ed at 10:35 m., from the	causes and on the	date stated above.
23A. SIGNATURE	A. 23	ONS HUPKINS HOSPITA	2	3c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify)	24c. NAME OF CEMETER	Y OR CREMATORY 24D. LOC	ATION (City, town, or	county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNAT	ÌRE I	25. FUNERAL DIRECTOR	Komo an	DRESS
LOCAL REGISTRAR	Wants, M.F.	of melo	whee . 243	100 dz
VS 150	TASKUS MALLANT			Ene



## BALTIMORE CITY HEALTH DEPARTMENT

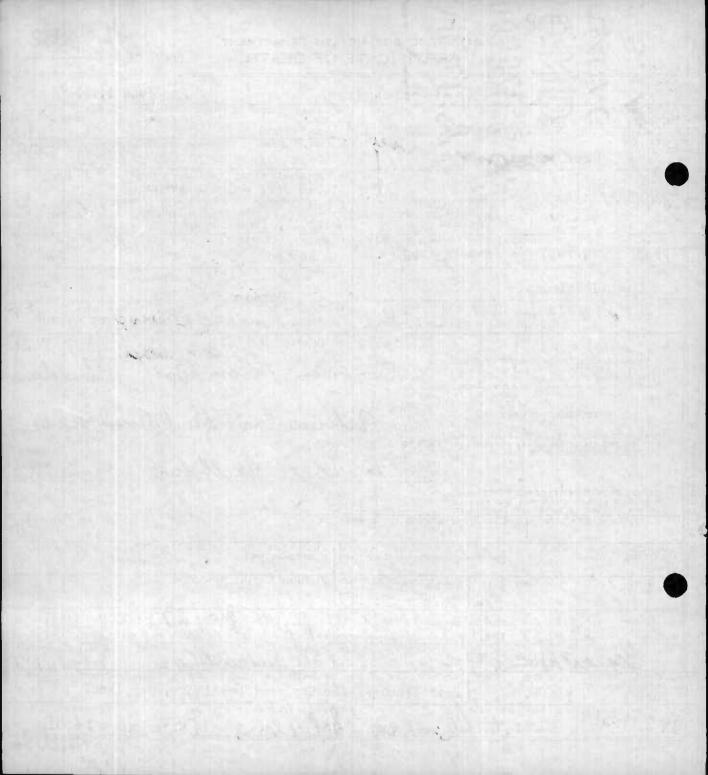
DIBTH NO	CERTIFICATE OF DEATH Registered No				
1. NAME OF DECEASED (Type or Print) ESTHER N	ENDELSON		2. DATE OF DEATH 6-2-1	951	
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution of the company of the comp	tution, give street address or location)	4. USUAL RESIDENCE	Where deceased lived. If in	before admission)	
133 N. Wolfe Stre		D. STREET ADDRESS (I	f outside corporate limits,	orite RURAL and give township)	
c. Length of stay in Baltimore	Oylas Mos.	133 7.1	offe It.		
Male White WID	GLE, MARRIED, OWED, DIVORCED (Specify)	8. DATE OF BIRTH		ths Days Hours Min.	
10A. USUAL OCCUPATION (Givekind of ork doneduring most of working life, even it refired)	ND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (State or f	foreign country)	2. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Nyman Pil	l	14. MOTHER'S MAIDEN N	Lesser		
15. WAS DECEMED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	alram Me	xdelson,	133 7 St.	
18. 592 X 1		OF DEATH	1	INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECT  LEADING TO DEATH  (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused de	e.g., (A)	gocardes	Neluse	2 Hays	
ANTECEDENT CAUSES	(B) ar	burscle	ran		
DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST, U		honic Re	Elines	3ys	
OTHER SIGNIFICANT CONDITIONS  TRIBUTING TO THE DEATH, BUT NOT REL  TO THE DISEASE OR CONDITION CAUSIN	ATED				
194. DATE OF OPERATION 198. MAJ	OR FINDINGS OF OPER	ATION		20. AUTOPSY?	
	PLACE OF INJURY (e. g., ii ne, farm, factory, street, office bldg.,		(If in Baltimore City, gi		
D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?		
	and that death occur		the causes and on the		
23A. SIGNATURE AUCHOS	refin M.D. 2	38. ADDRESS 70 40	Eulaw	6-3- ST	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) /-3-57	COSE CEMETE	RY OR CREMATORY 240.	ellemore	r county) (State)	
DATE RECEIVED BY REGISTRAR'S SIGNAL LOCAL REGISTRAR	Milat	25. FUNERAL DIRECTOR		ADDRESS ave	
JUN 3 130	was with the many of			1319	



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123				EALTH DEPART		VA 4302
BIRTH NO.		C	ERTIFICAT	E OF DEATH	- Registered	d NO.
1. NAME OF E (Type or Print)	DECEASED A	BRAHAM H	HOLZMAN		2. DATE OF Jun DEATH	e 1,1951
	City, Maryland			A. STATE	NCE (Where deceased lived, B. COUNTY	
B. FULL NAME HOSPITAL OR INSTITUTION	The Luthers		, give street address or location)		1	mits, write RURAL and give township)
c. Length of s	stay in Baltimore	32 yrs.	Yrs. Mos. Days		ss (If rural, give location) Heights Avenue	
male	white	7. SINGLE.	MARRIED. DIVORCED (Specify)	July 15, 18	last birthday)	M Under I Year M Under 24 Hours Months Days Hours Min.
ork dons during most	CUPATION (Give kind of of Torking life eye is retired)	10B. KIND O	F BUSINESS OR Shop NDUSTRY	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	NAME			14. MOTHER'S MA	DEN NAME	
Hirs	shel Holzman			Unkn	Own	
15. WAS DECEAS Yes, no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or date)	FORCES?	6. SOCIAL 219-30-2932	17. INFORMANT	man-3619 Forest	Park Avenue
DISEASE RISE TO UNDERL	s not mean the mode of ure, asthenia, etc. It mean complication which of ANTECEDENT CAUSES OR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA	ns the disease, aused death.) SES FANY, GIVING STATING THE ST.	DUE TO	rteriosole cibeles	rom bosis stie Heart Dis Mellefus	unanour
TRIBUTIN	G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED	•••••	+		
19A. DATE (	OF OPERATION 0 1	98. MAJOR F	INDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)		E OF INJURY (e. g., i a, factory, atreet, office hldg.,			y, give exact location)
D. TIME INJURY	(Month) (Day) (Year)	WHI	E. INJURY OCCURR  LE AT NOT WHILE ORK AT WORK		INJURY OCCUR?	
deceased a	y certify that I att live on May 27		d that death occur	rred at / A. m.,		57, that I last saw the a the date stated above.
23A. SIGNA	Mist Blu	u Mia	9. M. D.	238. ADDRESS EN	taw Place	23c. DATE SIGNED
24A. BURIAL, TION, REMOVAL (S Burial	6/3/51	В	eth Yehuda-A		baltimore, Mar	yland
JUN 3EGINE	REGISTRAR'	S SIGNATURE	history Mall o	Sol. Hum		112426 W.
VS 150	1	20 - Accepto	rate whereast 6	111	, P	, North One

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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4953

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION un me Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 4107 Barrington Road Days 6. COLOR OF RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours WIDOWED, DIXORCED (Specify) last birthday) Months: Days Hours: Min. Wilm 1871 10A, USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
NOUS EWITE INDUSTRY WHAT COUNTRY? own home Russia USA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Israel Sherry Miriam Ellison 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Lavid Mayers-3320 Fallstaff Road INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. O 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAL YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER ā about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from . 19 that I last saw the 2. 195/. and that death occurred at 11 2. m., from the causes and on the date stated above. deceased alive on\_ 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED. rauxe 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME of CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county) 6/3/51 Aitz Chaim Congregation burial Baltimore. Maryland DATE RECEIVED BY REGISTRAR'S SIGNA ADDRESS

LOCAL REGISTRAR VS 150

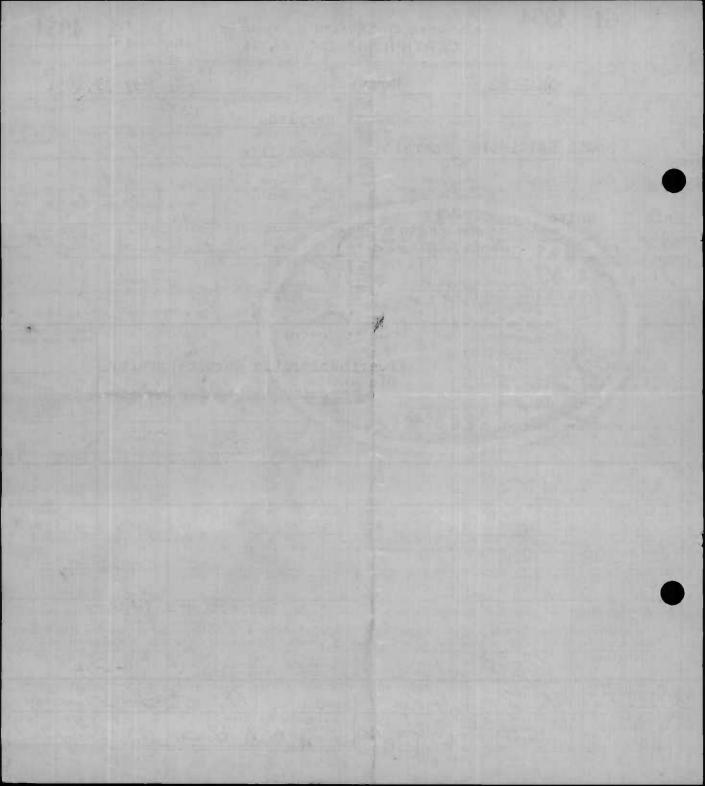
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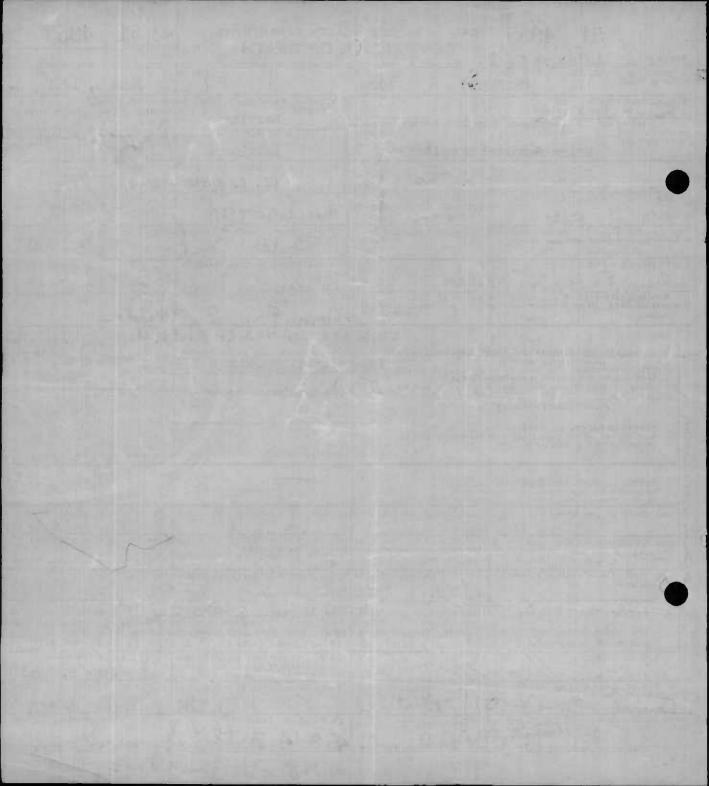
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4954 egistered No.

DIETH NO	CERTIFICATE	OF DEATH	Registered N	0
I. NAME OF DECEASED			2. DATE	
(Type or Print) CHARLES	Harman		DEATH May	31 1951
3. PLACE OF DEATH:	4 - 1 - 1	4. USUAL RESIDENCE		
A. Baltimore City, Maryland		Monul and	B. COUNTY	before admission)
s. FULL NAME OF (If not in hospital or institu HOSPITAL OR		Maryland	(If outside corporate limits	write RURAL and give
South Baltimore			24-	township)
20001 201010		Masonville D. STREET ADDRESS	If rural, give location)	
And of stands Dallings	Mos.	12298		1
hgth of stay in Baltimore  5. SEX [6. COLOR OF RACE] 7. SINGI	Days	B. DATE OF BIRTH		Under I Year   If Under 24 Hours
WIDO	WED DIVORCED (Specify)	D. DATE OF BIJATI		ths Days Hours Min.
Male White	771,	1 DIRTURE ACT (Ctate or	1/4	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ork done during most of working life, even if retired)	INDUSTRY	1. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	water dil	0/12	efano-	van-
13. FAPHER'S NAME	Backen ;	4. MOTHER'S MAIDEN	MAME	-
I reston train	en	Virgine	in ton	-
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dutes of service)	16. SOCIAL I	7. INFORMANT	. / AE	DRESS
(11 you, give wat of dates of solving)	SECURITY NO.	me C. 1.	Harman	Hame
18. 4221	CAUSE O	E DEATH		INTERVAL BETWEEN
		r DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		colomotic Oc	andi ovo con l er	
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise		sclerotic Ca	Tulovascula	
injury or complication which caused dea	th.) DUE TO DISEAS	e		
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIV	(B)			
RISE TO THE ABOVE CAUSE (A) STATING				
UNDERLYING CONDITION LAST.	(C)	*************************************		
OTHER SIGNIFICANT CONDITIONS CO				
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING				
19A. DATE OF OPERATION   19B. MAJO	R FINDINGS OF OPERAT	TION		20. AUTOPSY?
				YES NO X
, Line Line Line Line Line Line Line Line	ACE OF INJURY (e.g., in o		(If in Baltimore City, g	ive exact location)
UNDERLYING OR CONTRIB.   about home	e, farm, factory, street, office bldg., etc.	) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
INJURY	WHILE AT NOT WHILE			
m.	WORK AT WORK	Thene	ction & Thou	1 7P V
22. I certify that I took charge of the	e remains described abo	Autops	y, Inspection or Inquiry	thereon and from
the evidence obtained by said Au	topsy, Inspection or Inc	quiry, find that said	deceased died on the	e day stated above,
and death in my opinion resulted	from: natural causes			
23A. SIGNATURE	0.	ASSISTANT MEDICA	L EXAMINER X 230	1-51
1 /X (7 /		MEDICAL INVESTIG	ATOR	
24A. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETERY	DR CREMATORY 245	LOCATION (City, town,	or county) (State)
Dune 451	Holer Cost	20. The	the It	d mad
DATE RECEIVED BY REGISTRAR'S SIGNAT	URE 2	5. FUNERAL DIRECTOR	an v	ADDRESS
111N 3-19F	- Muanta Mis	All Black 1	Orno 131	8 king hel
V S 151	The state of the s	7/7		904
	97066			737



1	00	51 4953	1			ALTH DEPARTMENT	Registered No.	4955
BI	RTH NO.	61-002	671	CERTIFIC	CAIL	OF DEATH	Registered No.	
	NAME OF I		ARLES	WI	EBB		OF June 2	, 1951
Α.		City, Maryland				4. USUAL RESIDENCE (W A. STATE Maryland		
H	B. FULL NAME OF ("I not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION					c. CITY OR TOWN (If	outside corporate limits, wi	rite RURAL and give township)
14	126	Union Memo	rial Hos	pital		Baltimore		oo wiiship?
	12 6		2	Ma -	Yrs. Mos.	D. STREET ADDRESS (If r		
5.	ength of	stay in Baltimore	7. SINGLE.	MARRIED	Days	4U2 L. NO	erth Avenue	1 Year   If Under 24 Hours
	Male	White	WIDOWE	D, DIVORCED		March 30-1951	last birthday) Months	
work	done during most	CCUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS IND	OR 1	11. BIRTHPLACE (State or for	reign country)   12.	CITIZEN OF WHAT COUNTRY?
13	. FATHER'S	NAME	100			14. MOTHER'S MAIDEN NA	ME	
_	Jarry	trancis	Nelle			Vilma) De	ur -	
15 (Yes	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY	NO.	17. INFORMANT	ADDR	ESS
	18. 149			C.A.	1105.0	= DELEN HOLE	N 100 -	INTERVAL RETWEEN
	* DISEA (This doe heart fail	SE OR CONDITION LEADING TO DEA s not mean the mode of ure, asthenia, etc. It mes complication which of	TH of dying, e.g., ins the disease, caused death.)	(A)		F DEATH 402 6.	we.	ONSET AND DEATH
MOIL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							•
S				(C)				
ERTIFICATION	TRIBUTIN	SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED					
U.	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION							20. AUTOPSY?
EDICAL	UNDERLYIN	NAL CAUSE WAS IG   OR CONTRIB- CAUSE OF DEATH.	21B. PLAC about home, far	E OF INJURY m, factory, street, off	(e. g., in o ice bldg., etc.	21c. WHERE DID (If INJURY OCCUR?	in Baltimore City, give	exact location)
Σ	21D. TIME OF INJURY	(Month) (Day) (Year)	WH		CURRED T WHILE	21F. HOW DID INJURY	OCCUR?	
	22. I certi	fy that I took char	ge of the r	emains descr	ibed abo	ove, held anAut	opsy th	creon and from
	the ev	idence obtained by	said Autop	sy, Inspection	n or Ing		nspection or Inquiry ceased died on the d	ay stated above,
	23A SIGNA	TURE UNS	SIXI		M.D	238 CHIEF MEDICAL E. ASSISTANT MEDICAL E. MEDICAL INVESTIGATO	XAMINER	e 2. 1951
	A. BURIAL.		1951	IC. NAME OF C	THE RESERVE OF THE PERSON NAMED IN		CATION (City, town, or co	DESCRIPTION OF THE PROPERTY OF THE PERSON NAMED IN
DA	TE RECEIVE CAL REGIST	D BY REGISTRAR	S SIGNATUR	E // () ()	2	5. FUNERAL DIRECTOR	AD	PRESS
V	S 151	1000	4	The state of the s	- 4	o many con	Co A	
			- Sept. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	The being on	0	5118 Shung	- Wate,,	Here:



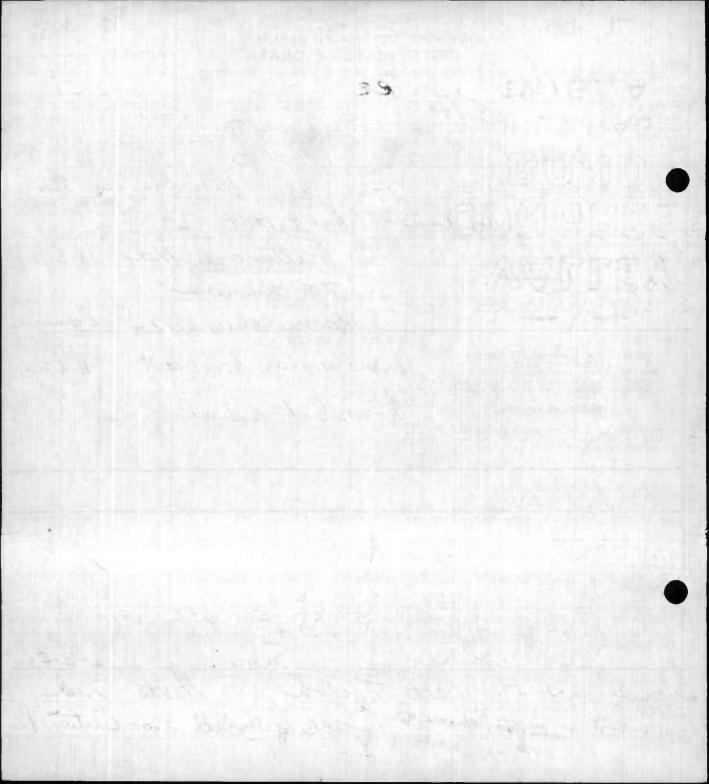
. FUNERAL DIRECTOR

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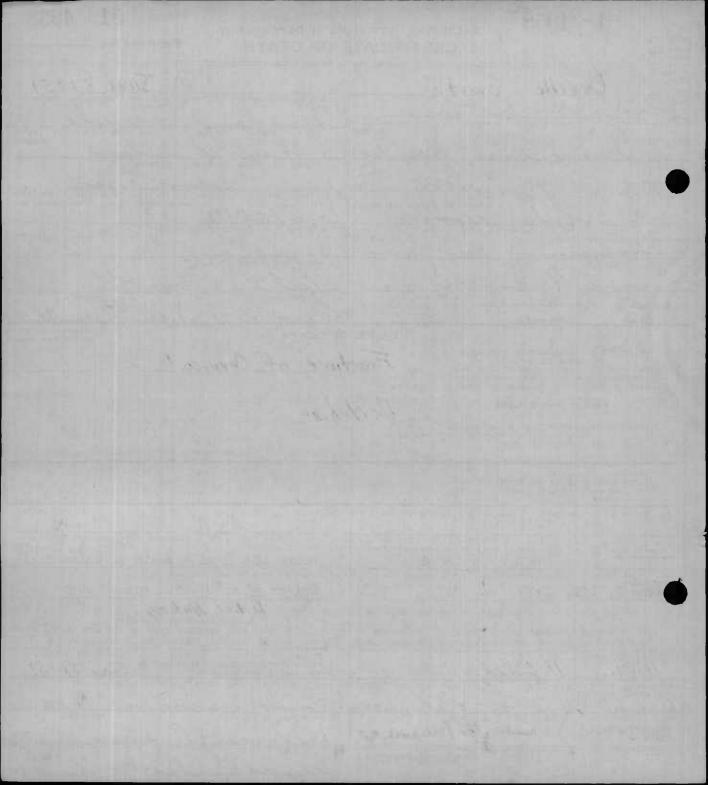
DATE RECEIVED BY

LOCAL REGISTRAR

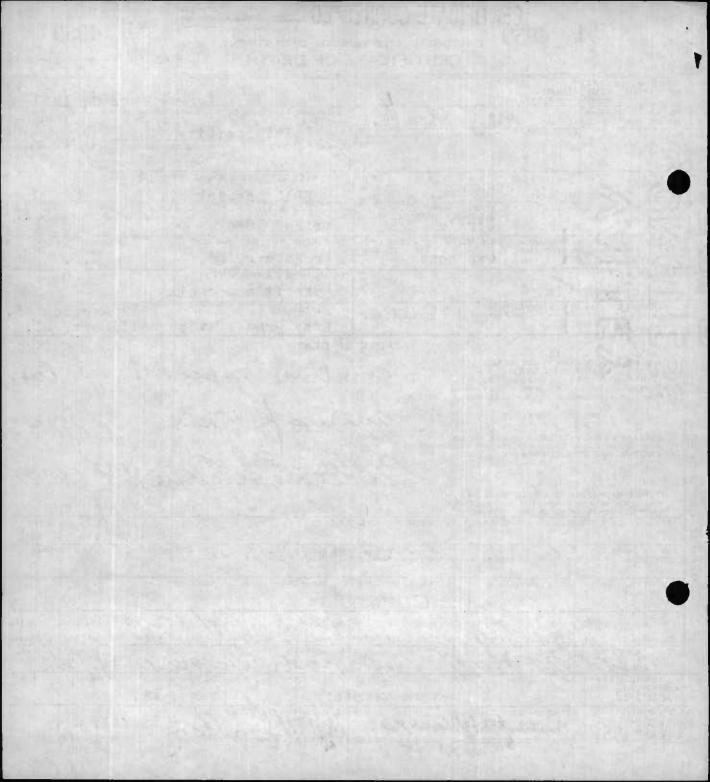
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BALTIMORE CITY HEALTH DEPARTMENT Registered No.\_\_\_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) Anna Mae Davis 2. DATE OF DEATH June 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland 2912 Keswick Rd. B. COUNTY A. STATE before admission) Baltimore, City (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) 50 yrs. c. Length of stay in Baltimore 2912 Keswick Rd. Days 7. SINGLE, MARRIED, 6. COLOR OR RACE 9. AGE (In years) lest birthday) Months Days Hours Min. If Under | Year Single (Specify) 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
Home maker WHAT COUNTR INDUSTRY Own home Frostburg. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wm L. Davis Heneritta Boswell 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 2912 DATE PAVICK Rd. 17. INFORMANT SECURITY NO. Baltimore. Md. Mrs. Grace Davis NTERVAL BETWEEN CAUSE OF DEATH 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 EDICAL 21A. ACCIDENT. SUICIDE. 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? HOMICIDE (Specify) D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 10 4 ma, 19, to , 1927, that I last saw the m., from the causes and on the date stated above. deceased alive on 4/1 . 1927 and that death occurred at\_ 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) Burial 24C. NAME OF CEMETERY OR CREMATORY 24p. LOCATION (City, town, or county) Savage Cemetery Savage. Md. DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LOCAL REGISTRAR Laurel, Md. VS 150

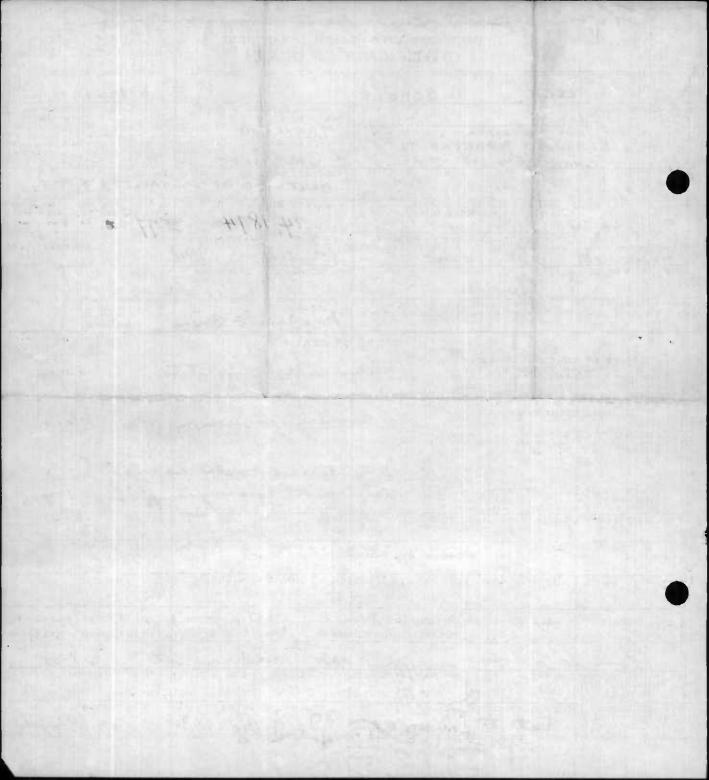


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 6-1-51 HELEN SCHOTT 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland A STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give HOMEWOOD APARTHENTS INSTITUTION township CHARLES + 315T D. STREET ADDRESS (If rural, give location) Yrs. HOMEWOOD APTS., CHARLES + 313T STS. Mos. length of stay in Baltimore Dava 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 9. AGE (In years last birthday) Months Days Hours Min. # 10 11. BINTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekindel) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimoleo HOME HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. STARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. niso agnes O'Breen demel INTERVAL BETWEEN 18. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES 10 m10 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Hypertensive cordovasular lisease with coronary insufficiency 11 OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from the second ! . 19.5 to\_\_ that I last saw the 19 and that death occurred at 7 A m., from the causes and on the date stated above. deceased alive on\_\_\_ 238 ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 10 Mr. machen 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 24C. NAME OF CEMETERY DR CREMATORY 24D. LOCATION (City, town, or county) (State) Baltimore, Md. Burial New Cathedral ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE

VS 150

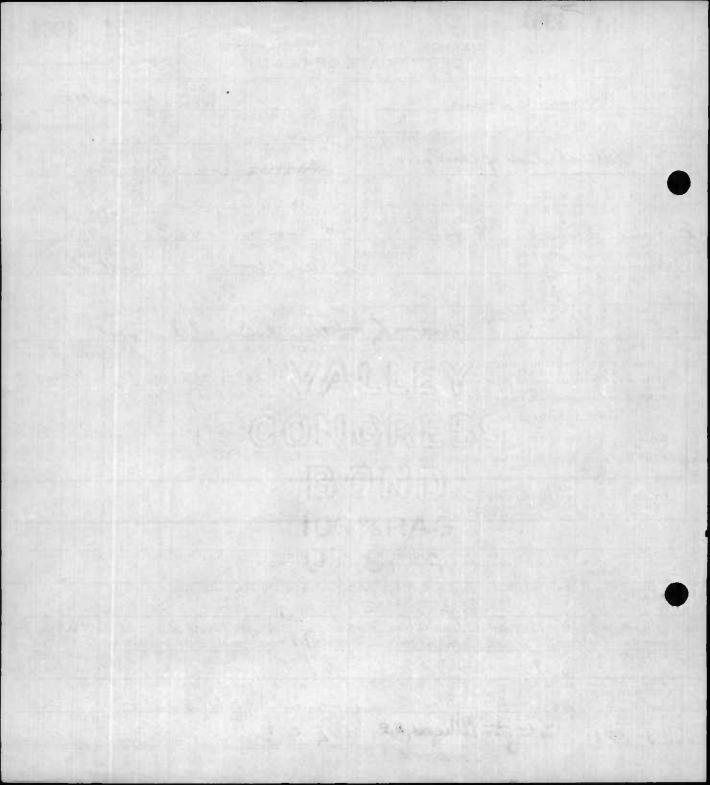
LOCAL REGISTRAR

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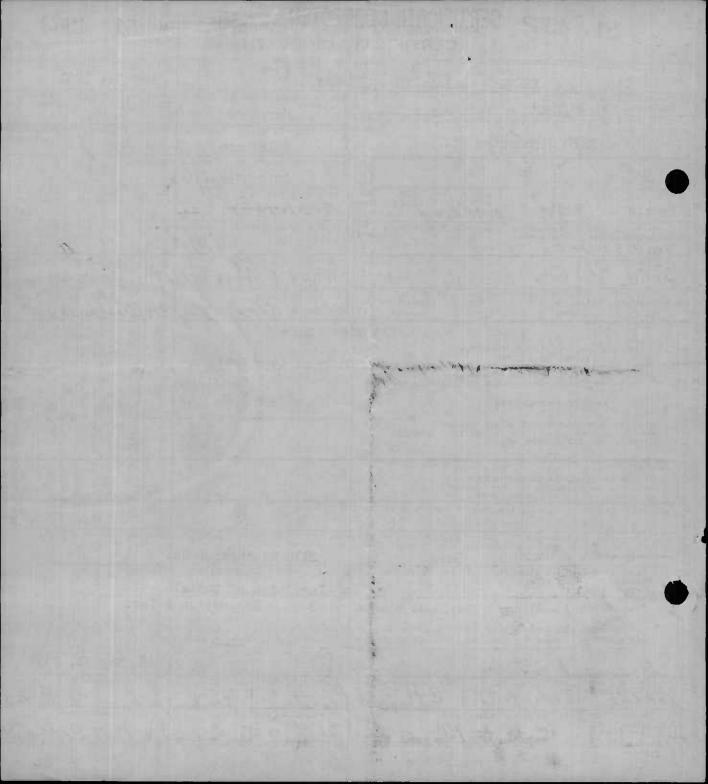


### BALTIMORE CITY HEALTH DEPARTMENT

	CEDTIFICATI	E OF DEAT	Pogist	ered No
BIRTH NO.	CERTIFICAT	E OF DEAT	Registe	ered No.
1. NAME OF DECEASED (Type or Print)  Hennie Barn			2. DATE OF	hene 2. 1951
B. PLACE OF DEATH:  A. Baltimore City, Maryland 200 Vol.  B. FULL NAME OF (If not in hospital or institution)  HOSPITAL OR  INSTITUTION Little Sisters of A	ellou SC.	4. USUAL RESIDE A. STATE Mary las C. CITY OR TOWN	B. COUN	te limits, write RURAL and giv
Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRE	7	numero ion)
Female White WIDO	LE. MARRIED, WED, DIVORCED (Specify)	not know	last birthda	ears II Under I Year If Under 24 Hours Ay) Months Days Hours Min
IOA. USUAL OCCUPATION (Givekind of proceed or in growing most of working life, even if retired)  October 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S 14. MOTHER'S MA	state or foreign country)	12. CITIZEN OF WHAT COUNTRY
		14. MOTHER S MA	9	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	tere afthe	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diser injury or complication which caused deat  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIV. RISE TO THE ABOVE CAUSE (A) STATING TUNDERLYING CONDITION LAST.	R., (A) Ch.	ronic Mi	y ocarditi Lerosis –	interval between onset and death onset and death of mw.
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	C41			
	ACE OF INJURY (e. g., in		Old In Dalvi	20. AUTOPSY?
LYING OR CONTRIBUTING about home	e, farm, factory, street, office hldg., e	injury occur	??	City, give exact location)
TIME (Month) (Day) (Year) (Hour) INJURY m.	WHILE AT NOT WHILE AT WORK	21F. HOW DID	INJURY OCCUR?	
22. I hereby certify that I attended the deceased alive on June (-, 1957) 23A. SIGNATURE	, and that death occur		, to June 2-, from the causes and larth ave	1951, that I last saw the lon the date stated above 23c. DATE SIGNED
24A. BURIAL, CREMA- 19N. REMOVAL (Specify)  Lunch  DATE RECEIVED BY (REGISTRAR'S SIGNAT	249. NAME OF GEMETER	Gemely 25. FUNERAL DIRE	P.D. Wishmins	, town, dr county) (State)  Md.  ADDRESS
OCAL REGISTRAR	Valle of state of the state of		, 122	



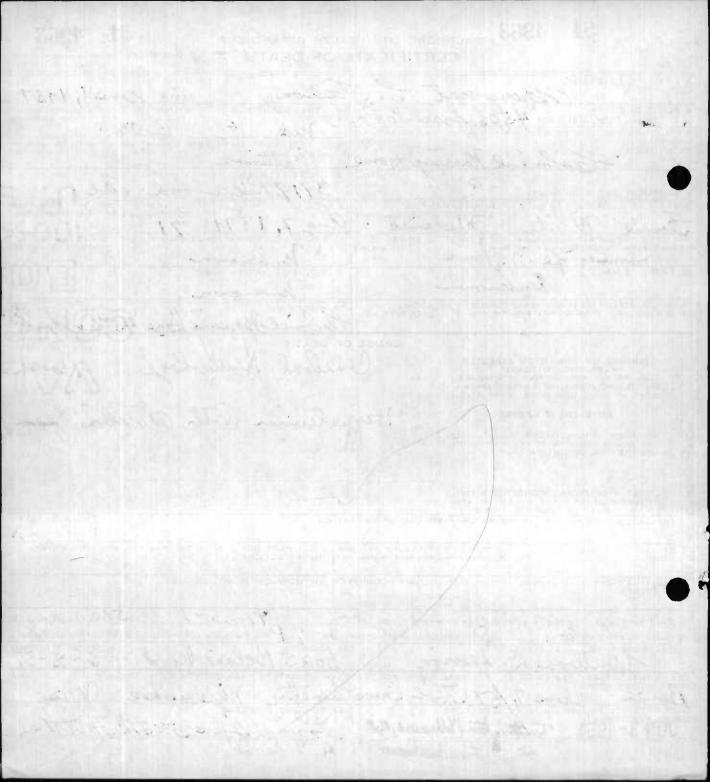
51 4962 CERI Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH May 31, 1951 ELIZABETH KENNEDY TRENE 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 2810 Winchester St. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 2810 Winchester ength of stay in Baltimore Days 8. DATE OF BIRTH 1896 7. SINGLE, MARRIED 9. AGE (In years If Under I Year 6 COLOR OR RACE last birthday) Months: Days Hours! Min. WIDOWED, DIVORCED (Specify) White Female MARRIED 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10A, USUAL OCCUPATION (Give kind of) work done during most of working life, even if retired) INDUSTRY Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PICINA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yee, give war or dates of service) SECURITY NO. (Yes, no or unknown) CAUSE OF DEATH 0.21 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Barbiturate intoxication (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ш U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION NO X YES 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING I OR CONTRIB. UTING E CAUSE OF DEATH. 2810 Winchester St. Home 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE Ingestion of tuinal sv 31. 1951 WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inq. \_\_ thereon and trom Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [A, hemicide [], undetermined []. 23B. CHIEF MEDICAL EXAMINER .. 23c. DATE SIGNLD 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER ... May 31, 1951 M.D. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA TION, REMOVAL (Specify 24c. NAME OF CEMETERY OR CREMATORY 24p. LOCATION (City, town, or county) BURIAL DATE RECEIVED BY FUNERAL DIRECTOR 151 Street A River news



# 51 4963 BALTIMORE CITY HEALTH DEPARTMENT

51 4963

BI	RTH NO.			CERTIFICATI	E OF DEATH	- Registere	eu 110
	NAME OF DE	CEASED		0 0		12. DATE	
	ype or Print)		maar	of 6 -	Tollow.	OF	1,001 1901
3.	PLACE OF DE		141	0 100	4. USUAL RESIDE	NCE (Where deceased live	I. If institution; residence
		ity, Maryland	45P6×	formento Ka.	A. STATE	B. COUNTY	before admission)
	FULL NAME ( SPITAL OR	OF (If not in host	ital-ór instituti	ion, give street address or location)	no	Bay	100
	STITUTION	1/2	71	- 0//	c. CITY OR TOWN	111 outside corporate l	imits, write RURAL and give township)
y	- 1/	Taslone	al Mu	some Jome	Jallen	nore /	3-10
			>	Yrs. Mos.	D. STREET ADDRES	SS (If rural, give location	1 2
c.	Length of st	ay in Baltimore	15	Days	3919/4	agewood	the.
5.	SEX	6. COLOR OR RAC		E. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year	Months: Days Hours: Min.
-	Tomala	Wito		1 Daniel (specify)	ang 7 1	879 71	Months Days Hours Min.
10	A. USUAL OCC	CUPATION (Give kind	of 108. KIND	OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign country)	12 CITIZEN OF
worl	dooe during most of	working life even if retire	d) 7/2	INDUSTRY	V7. 0		WHAT COUNTRY?
12	FATHER'S N	werepe.	Jon	- Magaza	Monke	nown	
13	. FAIHERS N.	AME 8	1		14. MOTHER'S MAI	DEN NAME	
		ber	uenon	~~	link	mon	
15	. WAS DECEASE	D EVER IN U.S. ARM (If yes, give war or da	ED FORCES?	16. SOCIAL	17 INFORMANT		ADDRESS / MI
(16	, no or on cowo)	(11 3co, Bive wat of the	ties of service,	SECURITY NO.	tool in	Margare House	4501 Xan 2
	201	13			( ) Comme	When works	INTERVAL BETWEEN
	18. 2 2/	^		CAUSE	OF DEATH	1 (/ 2	ONSET AND DEATH
	DISEAS	E OR CONDITION		(1)	Lilhal 1	Ulliant as a	Huneal
	(This does	not mean the mode	of dying, e. g	3., (A)	700770	Promotiva	7 west.
		re, asthenia, etc. It m complication which				0	
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TION	DISEASES	OR CONDITIONS	IF ANY, GIVIN	4G (B)	,		
		HE ABOVE CAUSE (		HE DUE TO	1		
CA	OHDEMAI	nto constituent	LAO.				
E		11 0		(C)			
ERT	OTHER S	IGNIFICANT CON	DITIONS CO	٧-			
	TRIBUTING	TO THE DEATH, BL	T NOT RELATE	ŁD .			
O		F OPERATION	-	FINDINGS OF OPER	ATION		20. AUTOPSY?
A		0					YES NO X
ICA	21A. ACCIDE	NT, SUICIDE,	218. PLA	ACE OF INJURY (e.g., i	o or   21c, WHERE DI	D (If in Baltimore Ci	ty, give exact location)
EDI	HOMICIDE	(Specify)		arm, factory, street, office bldg.,		27	
X		N			55 04- 110111 515	111111111111111111111111111111111111111	
K	F INJURY	Month) (Day) (Yes		21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
			m.	WHILE AT NOT WHILE			
	22. I bereh	y certify that I a	ttended the	deceased from W	197	to 6-1 1	95 that I last saw the
	deceased al			and that death occur	70		n the date stated above.
	23A. SIGNAT		h		3B. ADDRESS	1 . (a)	23c. DATE SIGNED
	11	4 Min	P. Xee	ano	3025/20	class Krod	6-9-51
2	A. BURIAL, C	REMA- 24B. DATE	/ 1	24c. NAME OF CEMETE		24D. LOCATION (City, t	own, or county) (State)
TI	REMOVAL (S	pecify)	2/2	0 0	for to	340 0	711-
-4	Jurial.	hine	1,157 1	Hoy cross	Camelay 1	Milwourke	2 VVIa
D.	TE RECEIVED		R'S SIGNATL	RE.	25 FUNERAL DIRE	CLOR	ADDRESS
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B	IRTH NO.			CERTIF	ICATE	OF DE	ATH	Registered	i No.		
	NAME OF DE	ECEASED 6	ath	MARC	ORET.	uria		2. DATE OF DEATH	0	119.51	
3. A.	PLACE OF DE Baltimore C	ity, Maryland	Luca	Ital -	R	4. USUAL RE	SIDENCE (V	Vhere deceased lived. B. COUNTY	If instit	tution: residence before admission	)
H	FULL NAME (			ion, give street	Inandian \ II		ma.		-0	2	
IN	STITUTION	GRATS WOLKT	es mospital			C. CITY OR TO	Bal	outside corporate lin	nits, wr	ite RURAL and give township	
C.	Length of st	ay in Baltimore		LIFE	Yrs. Mos. Days	D. STREET AT	DDRESS ()	rural, give location)	···	St.	
1	sex	6. COLOR OR RAP	WIDOW	MARRIED. ED, DIVORCE DOWE O	D (Specify)	12//	- 69	9 AGE Iln vestel	H Hoder	Year   1 Under 24 Hours   Days   Hours   Min.	
1 C	k done during most of	CUPATION (Give kind working life, even if retire	lof 10B. KIND	OF BUSINES	S OR DUSTRY	11. BIRTHPLA	CE (State or fe	oreign country		CITIZEN OF WHAT COUNTRY	1
10	HOUSE B. FATHER'S N	WORK	1 4	T HOM			Mo	۷.		U.S.A.	
1 -				.7.		14. MOTHER'S	MAIDEN N				
15	JOHN 5. WAS DECEASE	ADAM CA		16. SOCIAL			9	ROMAN	/		
(Ye	s, no or naknowa)	(If yes, give war or d	ates of service)	SECURI	TY NO.	17. INFORMAI		WING MUGHING	ADDR	ESS	
	18. 22	1.1	F and a	NON			SENTED REL	KIES HOSPITAL	-	INTERVAL BETWEEN	
	00	E OR CONDITION			M.	F DEATH		,		ONSET AND DEATH	
	heart failur	not mean the mode e, asthenia, etc. It m	of dying, e. g	2.	Key	kena	lany	faclu,	-		10
	injury or	complication which	caused death.	) DUE TO					,		
		ANTECEDENT CA	USES		derel	/ 1/	6 - 1	1		1	
0	DISEASES	OR CONDITIONS	IF ANY, GIVIN	( <b>B</b> )		CER	MFICATION	APPROVED DY		er forma	
AT	UNDERLY	IE ABOVE CAUSE (A	LAST.	E DUE TO		11.	1 Wa. 16	ammen			
				(C)			De L	10		***************************************	
E	OTHER SI	GNIFICANT CON	DITIONS CON			СНИ	EF OR ASST. M	EDICAL EXAMINER	),		
	TRAUTING	TO THE DEATH, BU	T NOT RELATE	D 7+	ured f	amur -	ractur	ed river	)	\	
AL		OPERATION	198, MAJOR	FINDINGS C						20. AUTOPSYT	-
DIC.	LYING OR	ENT WAS UNDER CONTRIBUTING	21B. PLA about home, for	CE OF INJUR	Y (e. g., in o	21c. WHER	RE DID (I	f in Baltimore City	, give e	exact location)	
Z	CAUSE OF D		\(\text{\tint{\text{\tint{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex	Hom			5 5.	Cole	سمن	n St.	
K	INJURY	Month) (Day) (Yes		HILE AT	OCCURRED	Str. How	PID INJURY	OCCUR?	er.		
		-31-51	7.0H. m.	WORK	AT WORK	11478	ll d	to now	er	5	
		certify that I a					95, to_6	, 19	5, th	at I last saw the	0,
	deceased ali	ve on 10		and that dea	th occurre	ed at 9.31	m., from th	he causes and on			
	J. Sidival	11 lda	-		238	a. ADDRESS	SHE SHEE	UNS KOSPITEL	23	C. DATE SIGNED	

24c. NAME OF CEMETERY OR CREMATORY

(State)

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

24D. LOCATION (City, town, or county)

MD.

BURIAL DATE RECEIVED BY LOCAL REGISTRAR

TUNE 451 HOLY REDEEMER CFA 4430 BELAIR RD

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

LINE FOR 180 EL 1 HOLD

ADDRESS

1800 ELOMBARD ST

NOT A MEDICAL EXAMINER'S DASE
M.D.
CHIEF OR ASS'T. MEDICAL EXAMINER

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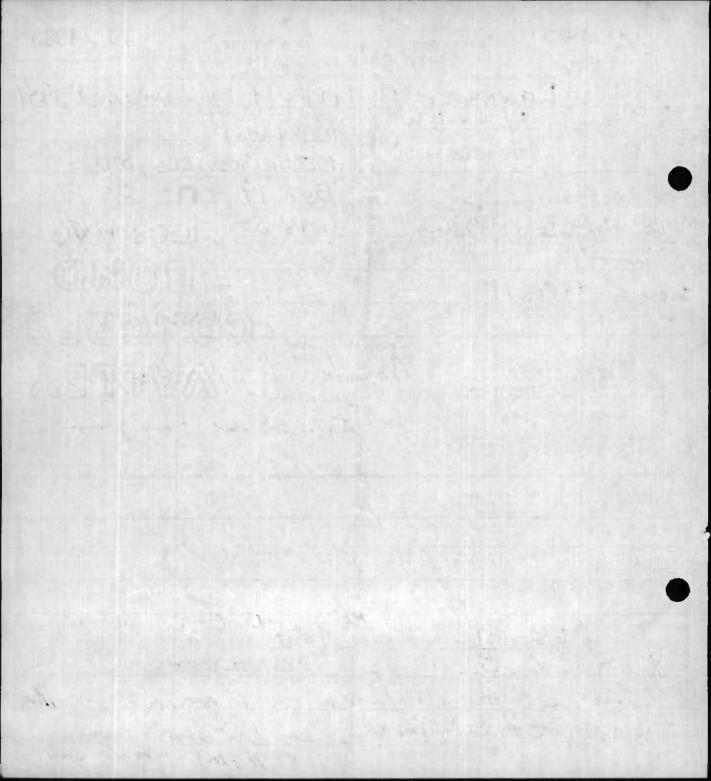
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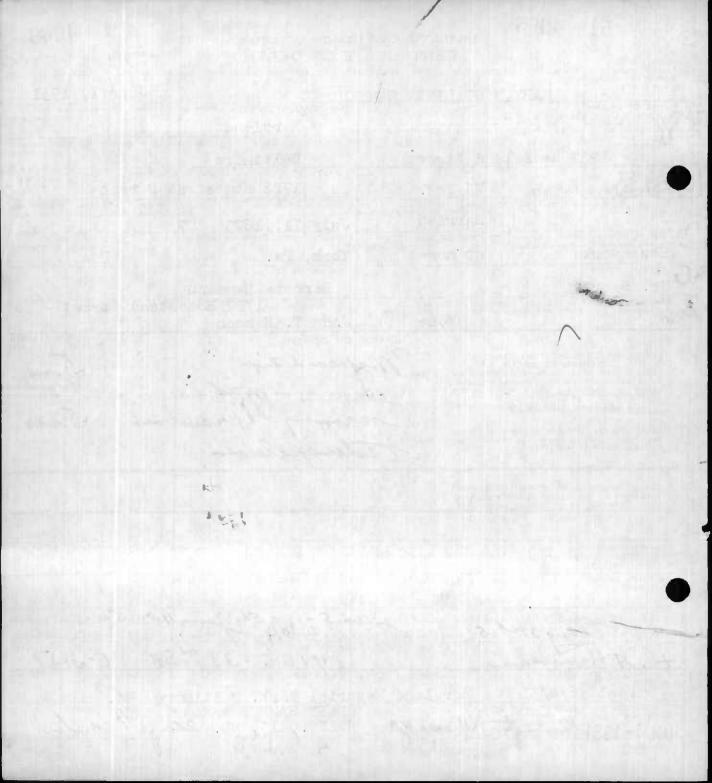
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4966

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) MARY MAGDALINE June 1, 1951 HAMMEN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 1722 Homestead Street Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos 75 Yrs. 1722 Homestead Street c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under I Year 9. AGE (In years) LDOWED DIVORCED (Specify) last birthday) Months: Days Hours: Min. July 11. 1873 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired Housework INDUSTRY WHAT COUNTRY? at home York. Pa. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wm. Byerly Barbara Hammann 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, go or nuknown) (If yes, give war or dates of service) 17. INFORMANT 1722 Homestand Astreet 16. SOCIAL (Yes, no or naknowa) SECURITY NO. None John T. Hammen INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! WHILE AT WORK 22. I hereby certify that I attended the deceased from . 19 5 10 eenell 19 & that I last saw the deceased alive of 31495/ and that death occurred at 430/m., front the causes and on the date stated above. 23A SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OF CREMATORY 240. LOCATION (City, town, or county) burial Moreland Memorial Park Baltimore. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE HENRY SANDER & SONS, INCA ADPRESS LOCAL REGISTRAR 13, MD. VS 150



about home, farm, factory, street, office bldg., etc.)

INJURY OCCUR? Penna. R. R. Yards, Union Station

21F. HOW DID INJURY OCCUR? Made contact with a high tension wire

Luspection 22. I certify that I took charge of the remains described above, held an \_ thereon and from Autorsy, Inspection or Inquiry

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 📋, accident 🕦, suicide 📋, homicide 📋, undetermined 🗀. 23c. DATE SIGNED

23B. CHIEF MEDICAL EXAMINER ... ASSISTANT MEDICAL EXAMINER .... 23A. SIGNATURE MEDICAL INVESTIGATOR

24A. BURIAL, CREMA-124C. NAME OF CEMETERY OR CREMATORY

21E. INJURY OCCURRED

Railroad

24a. LOCATION (City, town, or county) llsmain

DATE RECEIVED BY REGISTRAR'S S. FUNERAL DIRECTOR

UTING L CAUSE OF DEATH.

21D. TIME (Month) (Day) (Year) (Hour)

ADDRESS

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### BALTIMORE CITY HEALTH DEPARTMENT

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51	4968

BI	RTH NO.			CERTIFICATI	E OF DEATH	Registered	1 100
	NAME OF D			5:1	, – ,	2. DATE	7 —
			EVA	DIE		DEATH O	-0-W1
	Baltimore	City, Maryland	0		4. USUAL RESIDENCE (	B. COUNTY	If institution: residence before admission)
	FULL NAME	OF (If not in hospi	tal or instituti	on, give street address or	c. CHI OR JOWN. (I	f outside gomenate liv	nite write PHDAI and sine
IN	STITUTION	7735 120	- falte	was St	to Otives	a O A	nits, write RURAL and give township)
7	~	LATE BULL	rucus	Yrs.	D. STREET ADDRESS (If	rural, god logation)	0.
	Length of	stay in Baltimore		To Man	2.2.29 - RM	+ Multin	word st
_	SEX	6. COLOR PR RACE		, MARRIED,	8. DATE OF BIRTH	9. AGE (In years)	Il Under 1 Year   Il Under 24 Hours
e	reale	Whote	Wipow	ED. DIVORCED (Specify)		Jan Die may)	Months Days Hours Min.
10.	A. USUAL OC	CUPATION (Give kind of working life, even if retired	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or i	oreign country)	12. CITIZEN OF WHAT COUNTRY?
)		ewile		INDUSTRY	Kuss	w	WHAT COONTRY
13	FATHER'S				14. MOTHER'S MAIDEN N	AME	
	natt	Lau			Sheva	-	
15 (Yea	WAS DECEAS	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	M. INFORMAND -		ADDRESS
Ì					tacot hasku		dame
	18. 15	14		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION		(0.0	Pol	0 0	~ 10
		LEADING TO DEA	of dying, e. g		rema / Consect	mole 1	J. 1 200.
	heart fail	ure, asthenia, etc. It me complication which	ans the diseas caused death	e) DUE TO	lases la tipul	rgenesat	egra /
		ANTECEDENT CAU	SES	Carc	in grands	B	
Z				(B)		***************************************	
TION	RISE TO	S OR CONDITIONS, THE ABOVE CAUSE (A	STATING TH				
V	UNDERL	YING CONDITION L	AST.	1 -	0 01	2 /	
E		11		(c) Xlen	le allerote	Felen	
ERT		SIGNIFICANT CONE					
빙		IG TO THE OEATH, BUT DISEASE OR CONOITIO					
7	19A. DATE	OF OPERATION	198. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
CA	21A. ACCID	ENT. SUICIDE,	218. PLA	CE OF INJURY (e. g., i	n or   21c. WHERE DID	(If in Baltimore City	y give exact location)
EDICA	HOMICIDE	(Specify)		arm, factory, street, office bldg.,			
Σ	ID. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
K	INJURY			WHILE AT NOT WHILE		1	
	Y 1		m.	WORK AT WORK	26 15 10 11	Teenl 2 19	17
1		by certify that I at			red at 30 a.m., from	3 -0-	the data stated above
	23A. SIGNA		2, 19		3B. ADDRESS	Luc causes and on	23C, DAKE SKINED
		Some	2 15	triglosm. D.	~00~ 2 /Ja	46-	6/3/17
24	BURIAL,	CREMA- 24B. DATE	//- 1:		RY OR CREMATORY 24D. I	LOCATION (City, Lov	wn, or county) (State)
Z	wera	2 6-4-	1	VROZE	dale	Halt	o Ma
D/	TE RECEIVE	D BY REGISTRAR	SAGNATU	RE	25. FUNERAL DIRECTOR	)	LADDRESS D
-	MR HGIST	193 Custo 640	1464		ackdewing &	ne 2100 i	Quelaw /X
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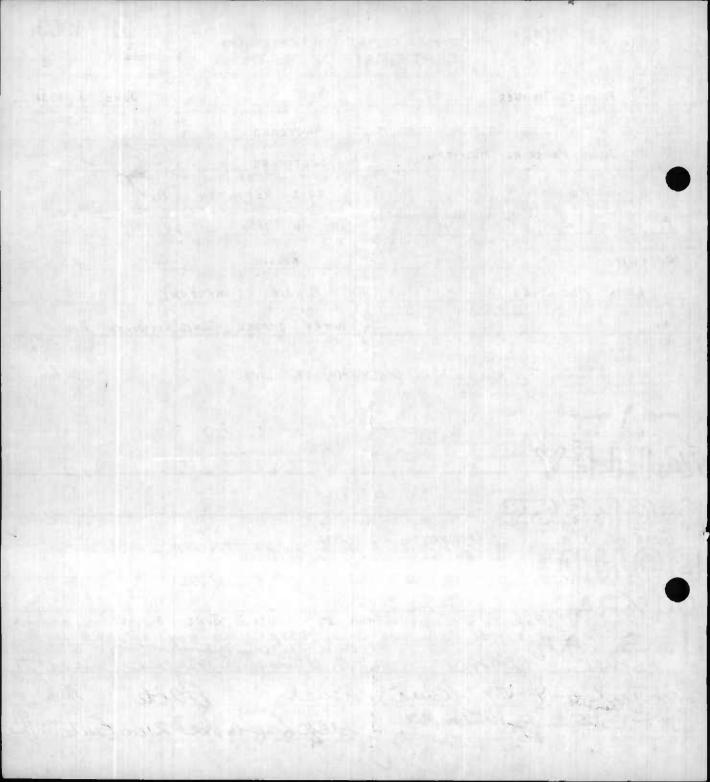
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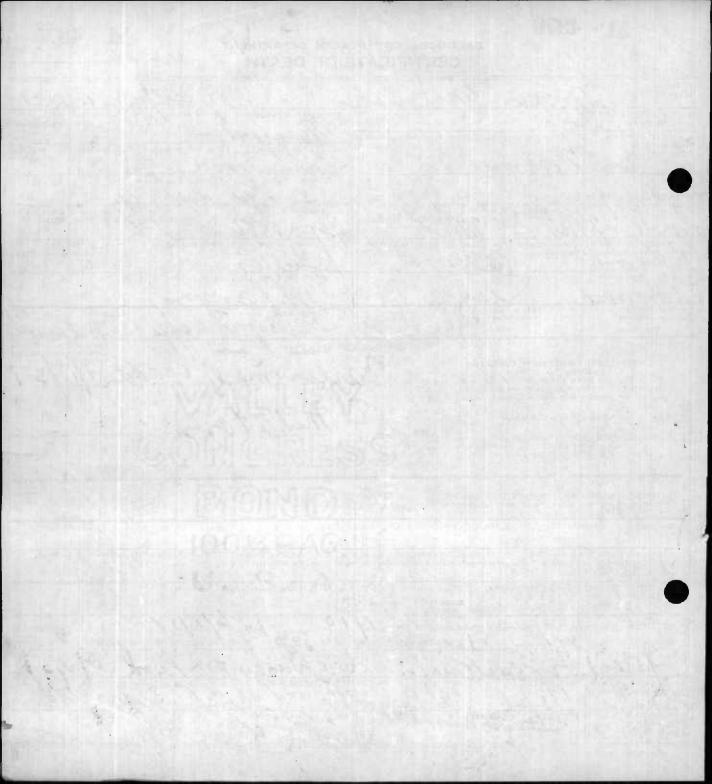
-0 -0			CERTIFICAT	EOF	EATH	Regist	tered No_		
BIRTH NO.	OF CEACED								- 17
1. NAME OF E (Type or Print)	FANNIE BRAG	FR				2. DATE OF	JUNE	3	1951
	City, Maryland			A. STATE		Where deceased I	lived. If inst	itution	
HOSPITAL OR			ion, give street address or location)	c. CITY O	Y LAND	If outside corpora	to limita	-:4 DII	DAT and since
INSTITUTION	UNION MEMORIA	L HOSE	PITAL		IMORE	outside corpora	te fimits, w	2	township)
			Yrs. Mos.	D. STREE		f rural, give loca	tion)		
c. Length of s	stay in Baltimore		Days	241:		RTH AV	E.		
F	6. COLOR OR RACE	WIDOW	E, MARRIED. /ED, DIVORCED (Specify)		, 1886	9. AGE (in y last birthd	ay) Months	Days	Hours Min.
10A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTH	PLACE (State or	foreign country)	12.	. CITIZ	
HOUSEWII			INDUSTRY	1	RUSSIA				COUNTRY
13. FATHER'S	NAME				ER'S MAIDEN I	VAME			J. 71.
	IS HALIKMAN			MIN	NIE (U	NKNOWN)			^
15. WAS DECEAS (Yes, no or unknown)	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFOR	MANT		ADDF	RESS	
No			OLOGATI NO.	HARRY	BRAGER.	2412 KEY	WORTH	AVE	
18. 156	1		CAUSE	OF DEAT				INTERV	VAL BETWEEN
DISEA	SE OR CONDITION	DIRECTLY						0.1132.1	AND DEATH
(This does	s not mean the mode o	f dying, e. g	., (A) CARCINO	MA OF	LIVER	*************************		3	MOS.
injury or	ure, asthenia, etc. It mea complication which c	ns the diseas aused death	e, .) DUE TO						
	ANTECEDENT CAUS	FS							
z	ATTECEDENT CAUS	-20	(B)						
O DISEASE	S OR CONDITIONS, IN					***************************************	1070077484-000741444	***************************************	******************
Y UNDERL	YING CONDITION LA		(C)						
			(0)			***************************************			**********************
DISEASE RISE TO I UNDERL'S	II SIGNIFICANT CONDI	TIONS CON							
TRIBUTING	G TO THE DEATH, BUT	NOT RELATE	D						
	OF OPERATION 1 1	-	FINDINGS OF OPER	ATION				1 30 4	AUTOPSY?
	2. 1951		CINOMA OF					YES [	No P
0	DENT WAS UNDER-		CE OF INJURY (e. g., in		HERE DID	(If in Baltimore	City, give	1	
	R CONTRIBUTING	about home, f	arm, factory, street, office bldg., e	ic.) INJUR	Y OCCUR?				
D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. H	AULNI DID WC	RY OCCUR?			-
INJURY			WHILE AT NOT WHILE						
00 77 1	.10 .2 . 2	m,	WORK AT WORK		61	T			
22. I hereo	by certify that I att	ended the	deceased from MAY	2.7	_, 19_ <b>21</b> , to	JUNE 3	, 19 <b>21</b> , tl	rat I li	ast saw the
aeeeasea a	tive on June 3	, 19_ <b>3</b> 1_,	and that death occur	red at 7:	25 pm., from	the causes and	d on the d	late st	ated above.
102	red < 1	chon	1	D OF	s coma n	7/4	Joseph 2	3C. DA	7 /9 C-1
24. BURIAN	CREMA- 24B. DATE		M. D.   A	RY OR CREM	ATORY   24D.	LOCATION (City	y, town, or c	county)	(State)
TIEN, REMOVAL (S	Specify L- 4-	5	adas No	Mags	2	H90=	A	7	12
DAME MEDENE	DE L REGISTRAR	S SASNATU	IRE AL TO	A5. FUNER	AL PORECTOR	Juli	AF	DRESS	5
PHA MEDIA	957 Luta to	PILL I V	And, Agent	4011	Tanax	80 7	1- /	+	- 10
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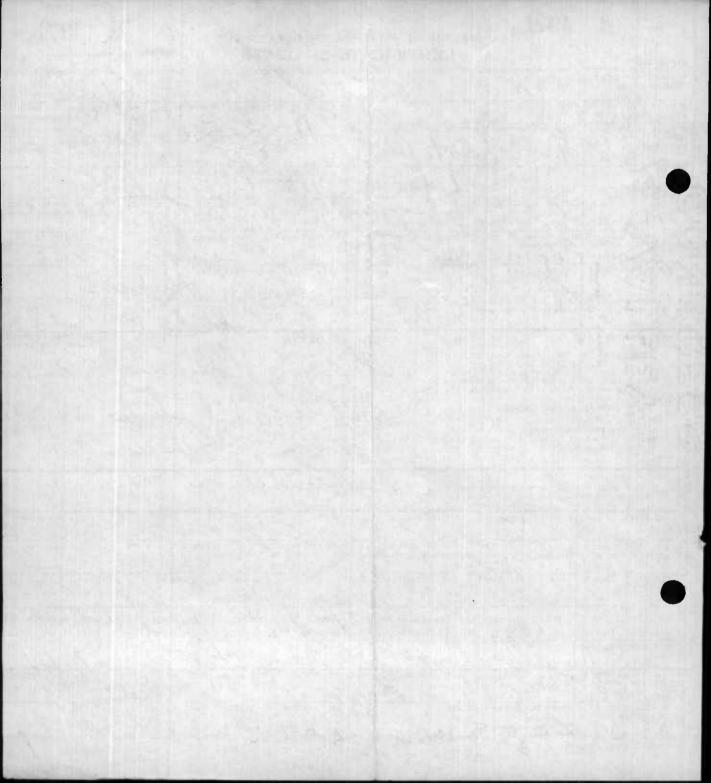
### BALTIMORE CITY HEALTH DEPARTMENT

	CERTIF	ICALE	OF DEATH	Reg	gistered No.		4
BIRT	H NO.	10/11	. OI D.m./ ( 1 1 )		0		
	or Print) / MMG, M Ig	, sle		2. DATE OF DEAT	X	1 19.51	
	ACE OF DEATH:		4. USUAL RESIDEN	ICE (Where deceas			1
HOSE	LL NAME OF (If not in hospital or institution, give street	address or location)	E. CITY OR FOWN	(If outside cor	porate limits, wi	rite RURAL and giv	71
	833 Moderand A	Yrs.	D. STREET ADDRES	MOL 5 (Wrural, give )	2 - (	township	)
	angth of stay in Baltimore	Mos. Days	833 /10	nd ward	18/		
Her	S. COLOFF RACE 7. SINGLE, MARRIED. WIDOWED DIVORCE		May 1.188	9. AGE (last bin	In years If Under	Days Hours Min	\$
vorlydo	USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINES (Busine during most of working life, even if retired)	SS OR DUSTRY	1. BETHRLACE Sta	ate or foreign count	(ry)   12.	CITIZEN OF WHAT COUNTRY	_
	ATHER'S NAME		14. MOZHER'S MAN	DEN NAME	>		_
15 W	AS DECEASED EVER IN U. S. ARMED FORCEST U.S. SOCIAL		17. INFORMANT	non	)	-1-1-5	1
(Yes, no	or nnknown) (If yes, give war or dates of service) SECURI	TY NO.	Devin	1/6/	la 833/	Ind word	Y
18	DISEASE OR CONDITION DIRECTLY	AUSE O	F DEATH	16	0 10	ONSET AND DEAT	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	Ca	reinom	a of the	-addle	1/10/51	7
	injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES	6	mora	100		6	
N O	DISEASES OR CONDITIONS, IF ANY, GIVING		mera	ross		***************************************	101
CAT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	***************************************	***************************************			*******************************	00
TIE	OTHER SIGNIFICANT CONDITIONS CON-						
S	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	••••••••••					
15 15	DA. DATE OF OPERATION 198. MAJOR FINDINGS (	OF OPERA	TION	legape s		YES NO	
	1A. ACCIDENT WAS UNDER- YING OR CONTRIBUTING 21B. PLACE OF INJUR about home, farm, factory, street, AUSE OF DEATH	RY (e. g., in o	21c. WHERE DIE	(If in Baltin	nore City, give		
2	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY (INJURY)		D 21F. HOW DID I	NJURY OCCUR?			-
	m.   WORK	AT WORK		61.10	-,		_
	2. I hereby certify that I attended the deceased from		ed at Stom., f	rom the eauses		at I last saw that stated above	
1	Head & Fand Carti	M. D. 27	ong Wash	uston to	Shall 23	DYATE/STY	)
TION	DURIAL STEMA 24B. DATE 24C. NAME OF OLD BU	CEMETER	Jahond 1	Lalle	City, town, or co	ounty) (State)	-
DATE	RECEIVED BY REGISTRAR'S SCNATURE	1 200	25. FUNERAL DIRECT	TOP	214 56	TORES ON	
			1	100 10	- 1 apr	ou py	



51 4971 Registered No.

8	IRTH NO.			
(7	NAME OF DECEASED Williams Redde	ile	2. DATE OF DEATH	/3/51
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W	here deceased lived. ) B. COUNTY	institution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street address or	1 ory au		
	OSPITAL OR location)	C. CITY OR TOWN	outside corporate lim	its, write RURAL and give
	10 mg /70 sp. /2/	Balle	more 1	-4-06
	ength of stay in Baltimore  Life Yrs.  Mos.  Days	D. STREET ADDRESS (If )	For the	re.
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year   If Under 24 Hours
	Male white WIDOWED, DIVORCED (Specify)	June 8, 1882	last birthday) M	Ionths Days Hours Min.
10 wor	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR k dooe during most of working life, even if retired)	17. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
-	Bureau & Highways - Balto. City	Ballemine	Mde	U.SA-
13	B. FATHER'S NAME LARDEN Rolling	14. MOTHER: MAIDEN NA	ME W	200
13	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Horou	Huar	enc
(Ye	s, no or ooknowo) (If yes, give war or dates of service) SECURITY NO.	17 INFORMANT	1.0	ADDRESS + N
1	18. If 2 a l	para nexa	ser 100	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	OF DEATH	1	ONSET AND DEATH
	LEADING TO DEATH  (This does not mean the mode of dying, e.g.,	elymann (d	Deser 1	110-
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			70 000
	ANTECEDENT CAUSES	A 11. 1.	0 1.1 -	- 1 -
Z	(B) Acu	le pryocended	offenle	20 20 day 5 ! ?
HOL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	-11 O. V	10 -	7
CA	(c)	er Cleane	pullar	2 /- (
LIFI	II O W	1 - 1 - 1		
ERTI	OTHER SIGNIFICANT CONDITIONS CON-	and services.	25	
U	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER			
AL	138. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
DIC	21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e. g., ic		f in Baltimore City,	
MEI	LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., e	bb.) INJURY OCCUR?		
7	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
	m. WHILE AT NOT WHILE AT WORK		, ,	
	22. I hereby certify that I attended the deceased from5	125 , 1951, to	6/3/19-	I, that I last saw the
	deceased alive on 6 / 3 /, 19 51 and that death occur		e causes and on	the date stated above.
	The MAN COMMENT	3B. ADDRESS	pietal	23c. DATE SIGNED
	4A. BURIAL CREMA- 24B, DATE 24C. NAME OF CEMETE	RY OF CREMATORY 240. LO	CATION (City, town	n, or county) (State)
	Burial 6/6/51 Bal	to	Bal	75. md.
D.	ATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR		ADDRESS
J	UN 4-1951 Hantin to Hellingun	4 - look inc.	1217 84.1	Paul J.
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	97024	4		1312



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D	IRTH NO.			CERTIFICATE	OF DEAT	H	Registered 1	No
1.	NAME OF D		CONNO	OR .			OF Jun	e 2, 1951
Α.		City, Maryland			A. STATE	ENCE (Where de	7 ( 1 / 1	institution: residence before admission)
H	FULL NAME OSPITAL OR NSTITUTION	of (If not in hospit		ion, give street address or location)	Marylan c. CITY OR TOWN Baltimo	(If outside	corporate limi	ts, write RURAL and give township)
C.	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRE	tridge Av		
	Female	6. COLOR OR RACE White	MINGW	E, MARRIED, (ED, DIVORCED (Specify) OW	8. DATE OF BIRTH	las		ff Under 1 Year If Under 24 Hours onths Days Hours Min.
wor	NA. USUAL OC k done during most House	CUPATION (Give kind of of working life, even if retired) wife	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	ore, Mary		12. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S	NAME			14. MOTHER'S MA	IDEN NAME		
			Sebold		(Unknow	n) Me	Gee	
(Ye	No No DECEAS:	ED EVER IN U.S. ARMET (If yes, give war or date	FORCES? s of service)	security no.	17. INFORMANT Clinton	E. Senft		itridge Aven
CERTIFICATION	(This does heart failu injury or DISEASE:	SE OR CONDITION LEADING TO DEAT I not mean the mode of ire, asthenia, etc. It mean complication which of ANTECEDENT CAUS SOR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA	FH dying, e. g ns the diseas aused death SES FANY. GIVIN STATING TH	(B)		Shrow	borês	Several yn
CERTI	TRIBUTING	II IGNIFICANT CONDI TO THE OEATH, BUT ISEASE OR CONDITION	NOT RELATE	D				
AL	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION	•		20. AUTOPSY?
IEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in arm, factory, street, office bldg., e			ltimore City,	give exact location)
2	D. TIME INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK		INJURY OCCU		
	deceased a	y certify that I att	ended the	deceased from Maand that death occur	75, 195 red at m.			Ahat I last saw the he date stated above.
2	4A. BURIAL.	Esphrace		M. D.	3B. ADDRESS 443 E	24D. LOCATIO	St.	23c. DATE SIGNED  6. V. SI  or county) (State)
TI	on, REMOVAL (S Buria	specify)	1951	M+ Olive		Baltin		ary land
	ATE RECEIVE	D BY REGISTRAN	A MAIN	RE. A. O. O.	25. FUNERAL DIR	ECTOR OL.	1217 S	ADDRESS t. Paul Stre
	VC 150	,	A. 24 . 1.					^

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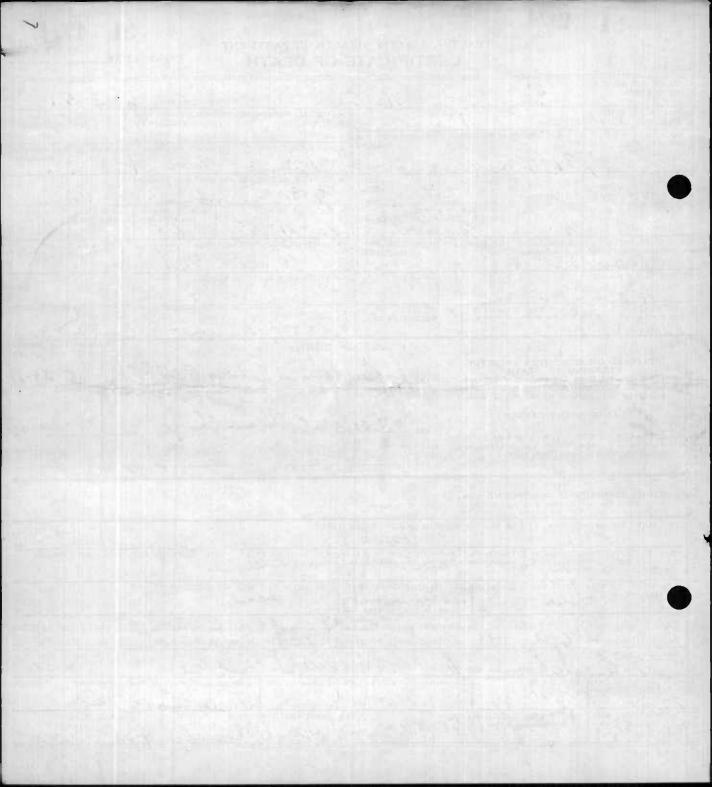
Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED yarparet 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR JOWN (If outside corporate limits, write RURAL and give INSTITUTION -township) Yrs. D. STREET ADDRESS a (If rural, give location) Mos. length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | Munder | Year | ff Under 24 Hours | last birthday) | Months; Days | Hours | Min. OF BIRTH WIDOWED, DIVORCED (Specify) APMUR. mannt 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 1/0 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME no ware 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN 051X 18. CAUSE OF DEATH Senticemia ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. streptococcic Upper Respiratory infection (over) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT CA 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT. SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) HOMICIDE about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE! WORK 22. I hereby certify that I attended the deceased from. . 19\_\_\_, to\_ , 19\_, that I last saw the deceased alive on 19\_ and that death occurred at\_ .m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24B DATE 44C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) JURICAL DATE RECEIVED BY | REGISTRAR'S SANATURE 25. FUNERAL DIRECTOR rdet M 44 ela 13421 ALL DELLA

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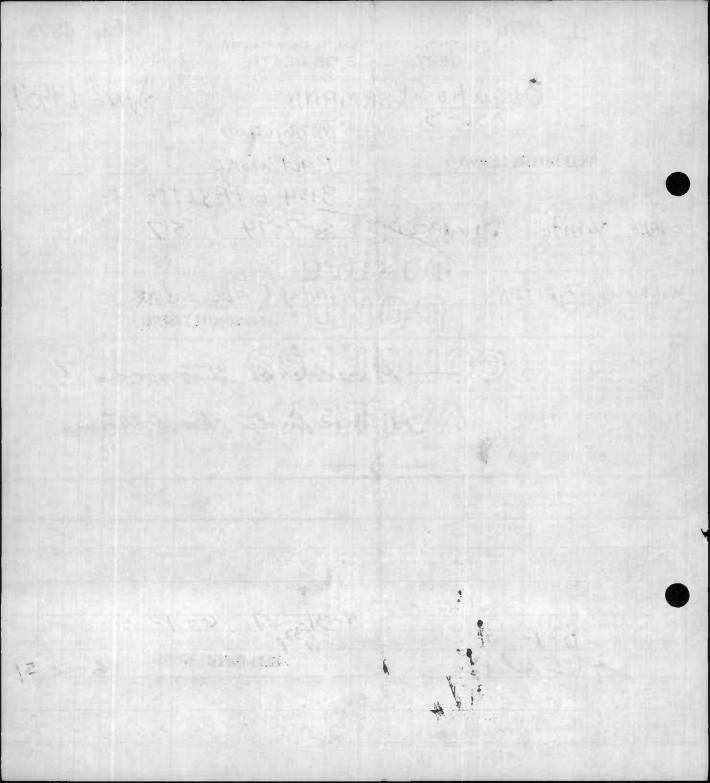
Registered	No		

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) Clinabeth Rit	miller 2. DATE OF DEATH 6.3-51	1
a. Baltimore City, Maryland Balto	4. USUAL RESIDENCE (Where deceased lived, If institution; residue, A. STATE  B. COUNTY before ad	dence lmission
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give
131 S. Lakewood Che	13alto- Ind 1-03"	ownship
congth of stay in Baltimore  Yrs.  Mos.  Days	D. STREET ADDRESS (If rural, give location)	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	18. DATE OF BIRTH 19 AGE (In years) If Hader 1 Year   If Had	der 24 Hours rs Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  NOOWY	11. BIRTHPLACE (State of foreign country)   12. CITIZEN C	
13. FATHER'S NAME Weise	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Polyert Retmiller - Same ada	1
	OF DEATH INTERVAL B ONSET AND	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	u fenes vi lesterenclusti (V.k. 5-	29-57
injury or complication which caused death.) OUE TO		
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING	ebrel Hemorkoge 5-2	4-57
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.		
(C)		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.		
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER		PSY7
21a. ACCIDENT WAS UNDER. LYING OR COMTRIBUTING about home, fart factory, street, office bldg.,	in or 21c. WHERE DID (If in Baltimore City, give exact location of INJURY OCCUPY)	on)
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ZIF. HOW DID INJURY OCCUR?	
m. WHILE WORK AT WORK		
deceased alive on 6, 2, 19 and that death occur	-27, 191, to 6-3, 1957, that I last s	
	rred atm., from the causes and on the date stated	
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, or county)	(State)
Bullal 6-6-51 MX.	Carmel Tollastining mil	4
DATE RECEIVED BY LOCAL REGISTRAR JUN 4-1951	25. FUNERAL DIRECTOR ADDRESS	1651
VS 150	Day &	



Registered No.

1.	IRTH NO.	E OF DEATH Registered No.	
	NAME OF DECEASED BLANCHE KARI	MANN 2. DATE OF DEATH OUNE 1	9.51
Α.	Baltimore City, Maryland 05L-3	A. USUAL RESIDENCE (Where deceased lived, If institution residue)	dence lmission)
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)  STITUTION  STITUTION  STITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL	and give ownship)
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	
	Days  SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year II Under 1 Y	der 24 Hours
10 orl	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN C	
	WILLIAM ZEITERS	MARY CALLENDAR	
15 Yes	5. WAS DECEASED EVER IN J. S. ARMED FORCES? 16. SOCIAL 28, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS ADDRESS ADDRESS	
IIFICATION	neart failure, astneria, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE GAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	CARDIAL TELEPARCHINA ?	DEATH
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		/
AL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	YES	
	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	n or 21C. WHERE DID (If in Baltimore City, give exact locations) INJURY OCCUR?	NO
1EDIC			NO [
MEDIC	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING INJURY  m. WHILE AT NOT WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?	NO [
MEDIC	PINJURY  m. WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from deceased alive on 19 and that death occur	5-31-31951, to 6-1-, 1951, that I last s	no on)
MEDIC	22. I hereby certify that I attended the deceased from deceased alive on 7 , 19 , and that death occur	5-31-31951, to 6-1-, 1951, that I last s	NO On) saw the
TIC	22. I hereby certify that I attended the deceased from deceased alive on 1991, and that death occur 23A. SIGNATURE  4A. BURIAL CREAR- 24B. DATE 24C. NAME OF CEMETER ON, REMOVAL (Specify) 67 5 5 5 Call	red at 532 pm., from the causes and on the date stated  3B. ADDRESS HILL HORFITAL 23c. DATE S	NO On) saw the
TIC DA	22. I hereby certify that I attended the deceased from deceased alive on 1, 19, and that death occur 23A. SIGNATURE  4A. BURIAL CRENA- 24B. DATE 24C. NAME OF CEMETE!	red at 532 pm., from the causes and on the date stated  3B. ADDRESS HILL HORFITAL 23c. DATE S	NO On) saw the



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Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland 6420 Heistenstown B. COUNTY A. STATE . before admission) B. FULL NAME OF T. Vashing on H.C.
(If outside corporate hands, write RURAL and give (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION township Lustitute D. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimore 12 yrs., 1 wo., 13 da, Mos. apital St., Mashinglow. 6. COLOR OR RACE WIDOWED, DIVORCED (Specify last birthday) Months! Days Hours! Min. WHITE single 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY UNKNOWN IVId, UNKNOWH 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Many Woller trederick Menteus 15. WAS DECEASED EVER IN U. S. ARMED FORCES? DDRESS (Yes, no or unknown) (If yee, give war or dates of service) SECURITY NO he Seton Institute Bolto, 15, Md, UNKHOWN 18. ONSET AND DISEASE OR CONDITION DIRECTLY Gangrene of right leg LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death. several arteriocteron's ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Psychosis with arterioschon's OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICA 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE, 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE! WHILE AT 22. I hereby certify that I attended the deceased from the 2. 19 5%, and that death occurred at deceased alive on\_ P.m., from the causes and on the date stated above, 23A. SIGNATURE 23c. DATE SIGNED

25. FUNERAL DIREC

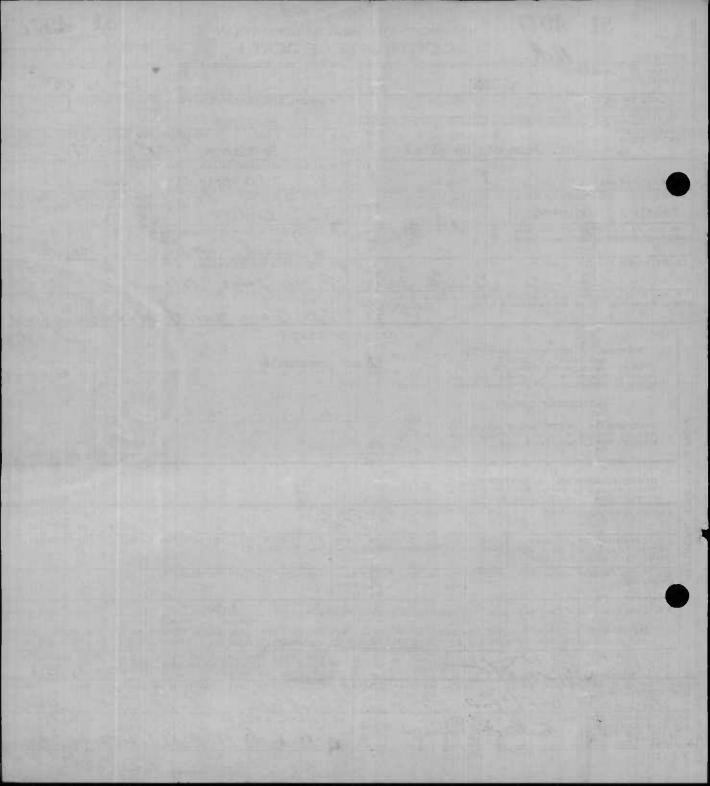
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24A, BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

24B, DATE

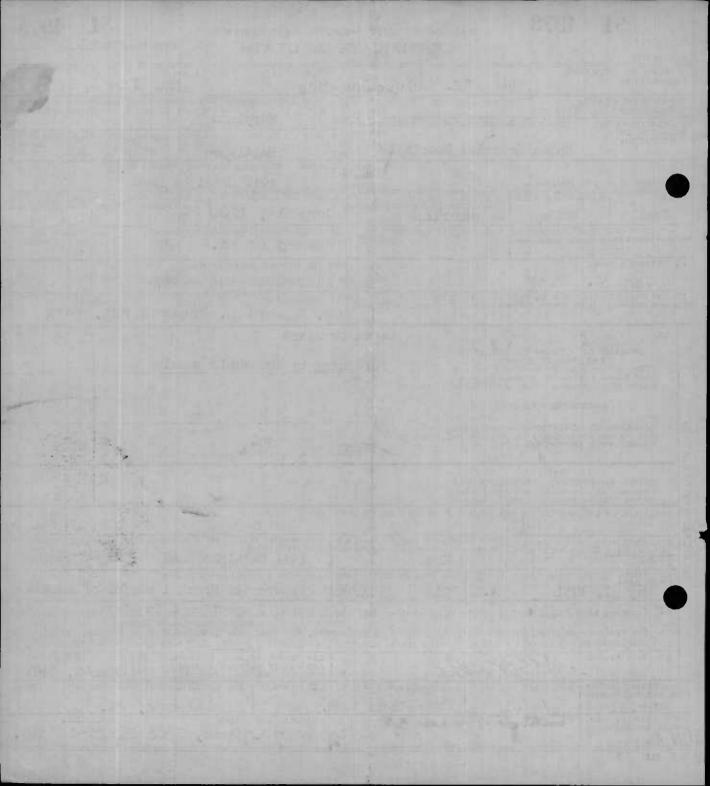
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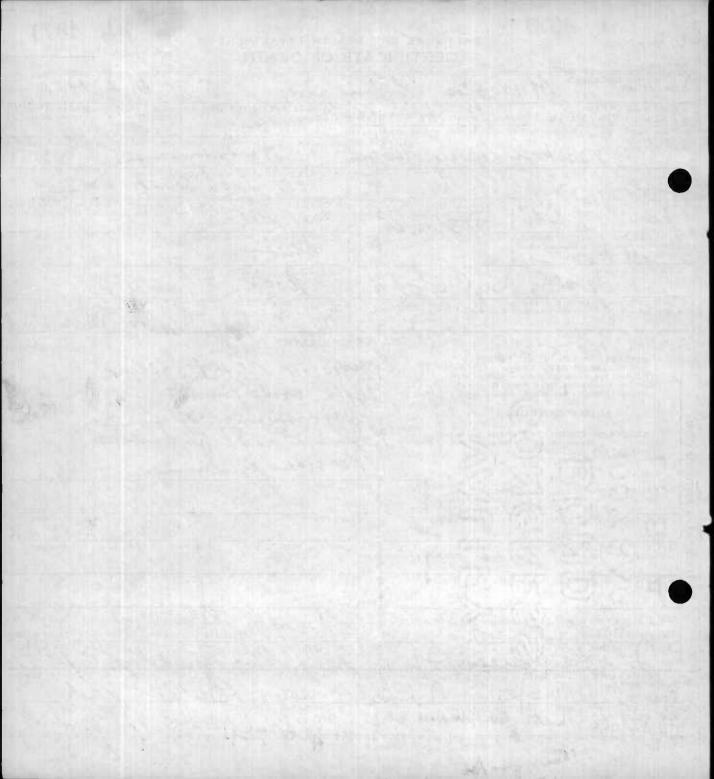
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gonard J. Ruck, 5305 Harford Road.



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Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE Margolis. (Type or Print) OF DEATH S. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) Md B. FULL NAME OF (If not in hospital or institution, give street address or 17marse HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION P Bactimore D. STREET ADDRESS (If mal, give location) Mos. doch Shiet Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 5. SEX AGE (In years If Under 1 Year If Under 24 Hours AGE (In years | Munder | Year | Munder 24 Hours | Last birthday) | Months | Days | Hours | Min. 2. 28. 188. 66 wedowed 104. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 NO (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT AT WORK WORK , 19 17, and that death occurred at 19 17, to . 19 7, that I last saw the 22. I hereby certify that I attended the deceased from. p. m., from the causes and on the date stated above. deceased alive on 6. 2 23A S GNATURE 23c. DATE SIGNED 24A. BURIAR CREMA-TION REMOVAL (Specify) NAME OF CEMETERY OR GREMATORY 24D. LACATION (City, nown, or couply) 24B, DATE Durua ADDRESS DATE RECEIVED BY FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR 5305 3197839 W

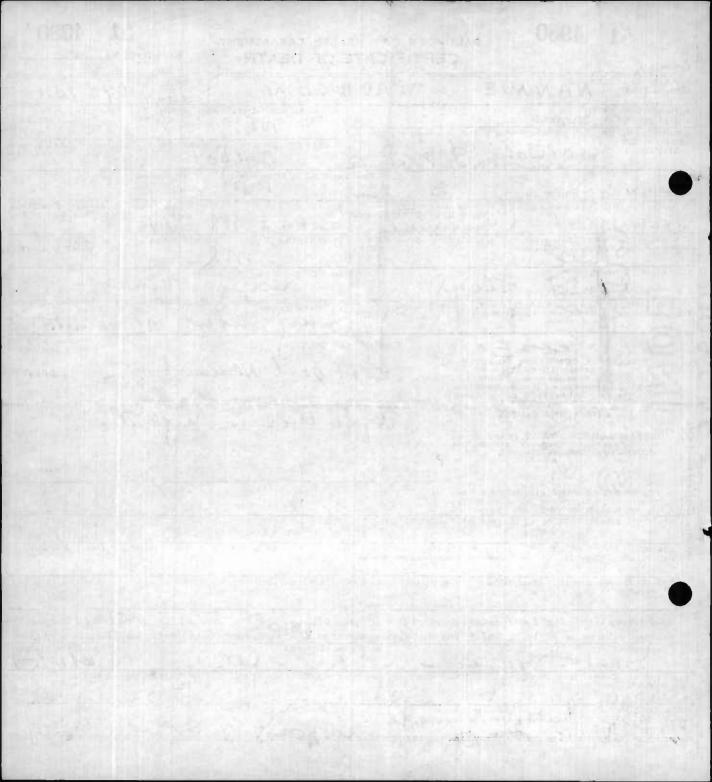


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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED NAVE 2. DATE JACKSON (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Dalbot torice D. STREET ADDRESS (If rural, give location) Mos NO Length of stay in Baltimore Dave 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years 6. COLOR OR RACE 8. DATE OF BIRTH H Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Mill. marrie IOA. USUAL OCCUPATION Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? hove -13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL 17 INFORMANT (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? VES EDIC, (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from , 195, that I last saw the 195/, and that death occurred at 6 deceased alive on 6 .m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) min DATE RECEIVED BY 25. PUNERAL DIRECTOR ADDRESS EGISTRAR'S SIGN

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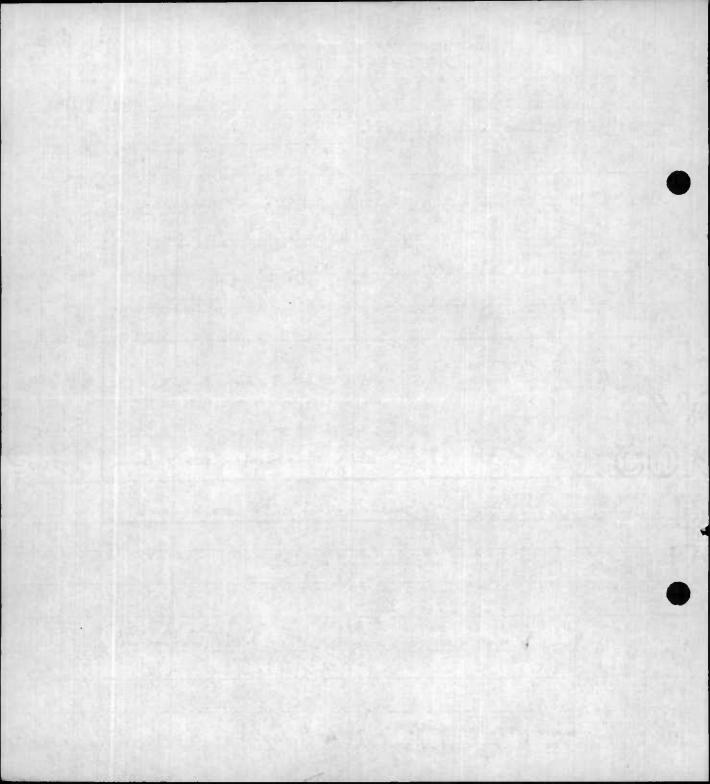
Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) LOUISE CRAMBLITT 7-30-51 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF 20 0/11 1/mo HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Timedurf Yrs. D. STREET ADDRESS\_ (If rural, give lo ation Mos. ength of stay in Baltimore Davs 6. COLOR OR RACE 5. SFX 9. AGE (In years) 7. SINGLE, MARRIED. If Under 1 Year WIDOWED, DIVORGED (Specify) last birthday) Months: Days Hours: Min. 64 Marriey 10A. USUAL OCCUPATION (Give kind of 11. BUTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, evenif retired) INDUSTRY WHAT COUNTRY? Voupewa. 13. PATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or naknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 200.0 CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (ell Jarcoma moutes heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Auemia, Severe CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE (c) Mctostoses hiser Bine morrow UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES NO 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! WHILE AT WORK - 30 22. I hereby certify that I attended the deceased from 5-3 195 // to , 195/, that I last saw the deceased alive on 5-30 19 51, and that death occurred at 11 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24C/NAME OF CEMETERY OR CREMATORY 240 LOCATION (City, town, or county) my al DATE RECEIVED BY 25. FONERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

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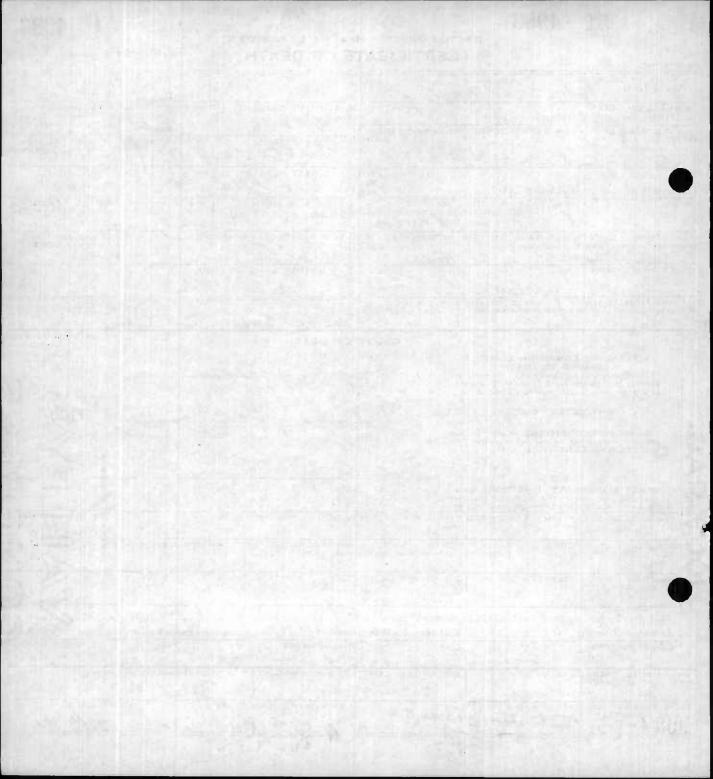
Registered No.\_\_\_\_

B	IRIH NO.						
	NAME OF C		1 000			2. DATE OF	
	PLACE OF D	CLARA	1. SOMM	EL RS		DEATH Jui	ne 2, 1951
A	Baltimore (	City, Maryland 20	24 E. L	afayette Ave.	4. USUAL RESIDENCE (W	here deceased lived, I B. COUNTY	f institution : residence before admission)
Н	OSPITAL OR	Or (II not in nospit	ai or institut	location)		autaida aann (Sala lind	A 150
11	NSTITUTION					outside corps ate im	its writ RURAL and give township)
-				77	Baltimore	0	
L				Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
		tay in Baltimore		Days	2024 E. Lafay	ette Ave.	
5	. SEX	6. COLOR OR RACE	7. SINGLI	E. MARRIED. ZED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	if Under 1 Year   It Under 24 Hours onths: Days   Hours : Min.
	F	W	Widow		June 10. 1870	80	onths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or fo		1 12. CITIZEN OF
wor	Home	of working life, even if retired)	Λ4.	INDUSTRY			WHAT COUNTRY?
13	B. FATHER'S	VAME	At	Home	Balto. Md.		USA
					14. MOTHER'S MAIDEN NA	ME	
	Samue	1 Hodges			Marie Medding	er	
(Ye	s, no or unknown)	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS
	No			No.	Mrs. Chas. Schm	4 34 0000	
	18. 1/ 2	۸. ۸			OF DEATH	106 2908 1	Vayne Ave
	DISEAS	E OR CONDITION	DIRECTIV	OAODE (	O. DEATH		ONSET AND DEATH
		LEADING TO DEAT	TH	0	1-0-	A	1 2 22 1
	heart failu	not mean the mode ore, asthenia, etc. It mea	f dying, e.g ns the diseas	(A)	en las acció		44 123.
	injury or	complication which c	aused death	DUE TO			
		ANTECEDENT CAUS	ES	,-	2 01		
Z				(B) La	sastial hu	nathersu	- 5 yrs
0	DISEASES	OR CONDITIONS, IF	ANY, GIVIN	G		1	
AT	UNDERLY	ING CONDITION LA	STATING TH	E DUE TO	enon la ul.	1 10	2
FICATION	S1207 (S1)			(C)		Herr were	مرد رسم
1		11					
ERTI	OTHER S	IGNIFICANT CONDI	TIONS CON	i- Lm			
OF	TO THE DI	TO THE DEATH, BUT	CAUSING IT	Janear	uzuel anterio	alarons	
				FINDINGS OF OPER	ATION		20. AUTOPSY?
AL	Day Deliki						YES NO Z
EDICA		ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., in	or   21c. WHERE DID (If	f in Baltimore City,	
П	CAUSE OF	R CONTRIBUTING	about home, f	arm, factory, street, office bldg., et	tc.) INJURY OCCUR?		g
Σ		Month) (Day) (Year)	(House) I (	OLE IN HIDY OCCUPED			
E	INJURY	Month, (Day) (Teat)		21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
			m,	WORK NOT WHILE			
	22. I hereby	y eertify that I att	ended the	deceased from	L- 1949, to	Lane 2 10V	9, that I last saw the
	deceased al			and that death occur			
	25A SIGNAT	URE CO	, 10-1, (		3B. ADDRESS	e causes and on t	he date stated above.
	Como	Dh. Rich	TIA		DAM I. L. D.	- Da CA	23c. DATE SIGNED
	A. BURIAL, C			M. D.   24c. NAME of CEMETER	CY OR CREMATORY 24D LO	CATION (City, town	or county) (State)
TIC	ON, REMOVAL (S	pecify)			248. 20	CARON (OIG), WIII	, or councy) / (State)
D.	Burial	6/5/51		Trinity Cem.	Balt	to. Wd.	
LC	CAL REGISTI	RAR REGISTRAR'S		RE	25. FUNERAL DIRECTOR	, ,	ADDRESS
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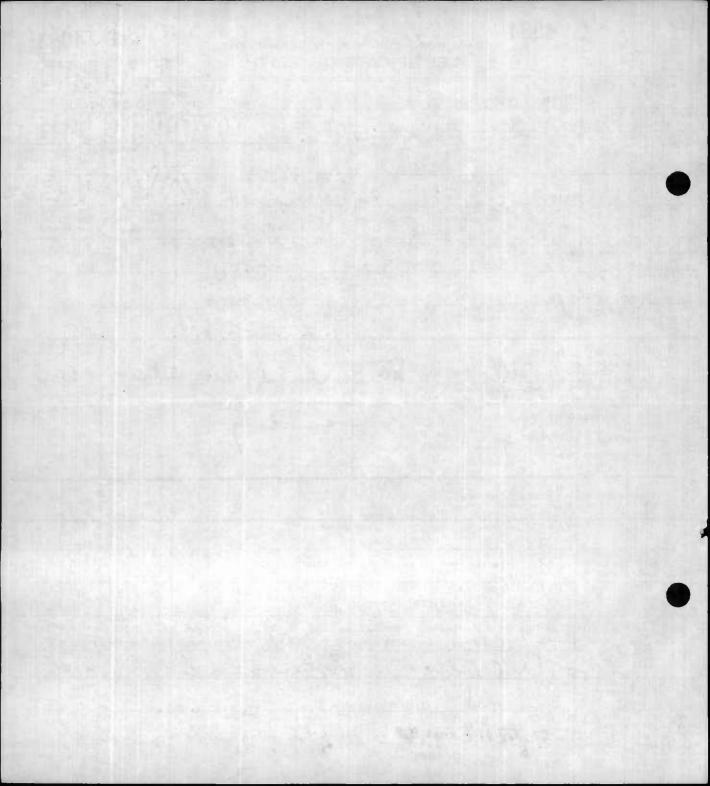
BI	RTH NO.	CERTIFICAT	E OF DEATH	Registered	No.
1.	NAME OF DECEASED (ype or Print) / allaring / //	2 - 6		2. DATE OF	12/5-1
	PLACE OF DEATH: Baltimore City, Maryland	rainery	4. USUAL RESIDENCE (	Where deceased lived.  B. COUNTY	If institution; residence before admission
H	FULL NAME OF (If not in hospital or inst	itution, give street address or location)		if outside corporate lin	ts, writt RURAL and giv
2	Length of stay in Baltimore Life	Yrs. Mos. Days	11 11 11 1100	f rural, give location)	416
5.		GLE, MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH  2. 1893	9. AGE (In years last birthday)	If Under 1 Year   H Under 24 Hours   Min.
10 work	A. USUAL OCCUPATION (Give kind of 10B. K a done string most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME ?	
15 (Yes	WAS DECEASED EVER IN U.S. ARMED FORCE: a, no or nuknown) (If yee, give war or dates of service	SECURITY NO.	17. INFORMANT		ADDRESS
	7/10	No	MR. LUTHER E. MAKE	4. 1604 ELLA	YONT ST'
	18. 570.3  DISEASE OR CONDITION DIRECT	LY 4	OF DEATH		INTERVAL BETWEE
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di injury or complication which caused d	sease,	godina of Man		
NO	ANTECEDENT CAUSES	(B) Tal	vulus jillen	· massic	. 3day
CATIC	DISEASES OR CONDITIONS, IF ANY, OR RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST,	STHE DUE TO			
E	II.	(C)			
CERT	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSIN	LATED NG IT			
AL	19a. DATE OF OPERATION 19B. MA.	OR FINDINGS OF OPER	RATION		YES NO
EDIC	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) about he	PLACE OF INJURY (e. g., i ome, farm, factory, street, office bldg.,		(If in Baltimore City,	give exact location)
M	FINJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJUR	RY OCCUR?	
T S	22. I hereby certify that I attended	the deceased from E	, 195', to		5, that I last saw th
	deceased alive on 6/2, 19 T	, and that death occur	rred at 1. 45 Am., from	the causes and on	the date stated above
	23A. SIGNATURE	M. D.	M. Sen Hos		23c. DATE SIGNED
24 TI	AA. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	24c. NAME OF CEMETE  LORRAINE		BALTO MD	n, or county) (State)
	ATE RECEIVED BY DOCAL REGISTRAR SIGN		25. FUNERAL DIRECTOR		Balto md

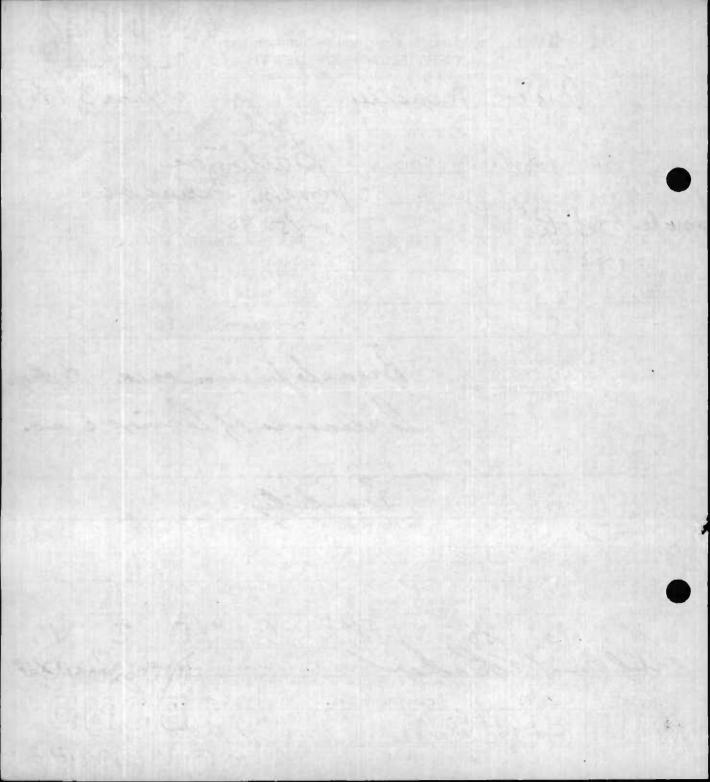
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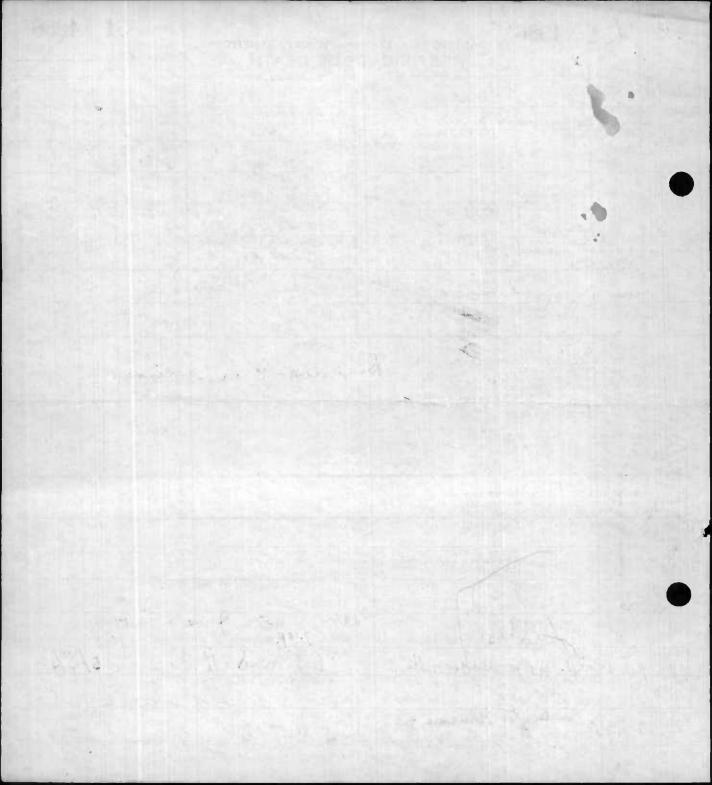
R	RTH NO.			CERTIFICAT	E OF DEATH	Registered	No.	
1.	NAME OF D	ECEASED				2, DATE		
JOHN FRANCIS CARLE					OF DEATH June 1. 1951			
3. PLACE OF DEATH:					4. USUAL RESIDENCE (Where deceased lived, If institution: residence			
A. Baltimore City, Maryland 2520 Edmondson Ave.  B. FULL NAME OF (If not in hospital or institution, give street address or					A. STATE B. COUNTY before admission)			
HOSPITAL OR location)					C. CITY OR TOWN (If outside corporate limits, write R) RAL and give			
INSTITUTION					Baltimore 6-0 of township)			
Yrs. D. STREET ADDRESS						f rural, give location)		
c. Length of stay in Baltimore Mos.  Days 2520 Edmondson Ave.								
5.	SEX	6. COLOR OR RACE	7. SINGLE	. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	Il Under I Year   If Under 24 Hours Ionthis: Days   Hours: Min.	
	M	W		idowed (specify)	1868	83	Tours: Min.	
IC	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10s. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or		12. CITIZEN OF	
	Collect			d Water (Sprin	e) Chicago I	11	WHAT COUNTRY	
13	FATHER'S		200020	<u> </u>	14. MOTHER'S MAIDEN	VAME	USA.	
	Char	les Carle			Hannah Brown	0.0.20		
15	. WAS DECEASI	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	Hannah Brannan 17. INFORMANT ADDRESS			
(10	No.	(11 Jos, give wet of date	s of service)	SECURITY NO.	Mr. W. J. Carle			
	18. 450	. /		CAUSE	OF DEATH	34 E. 25th	INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY							
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Leverslyid luture - Schwing							
	heart failu	re, asthenia, etc. It mea complication which of	ns the disease			***************************************		
7	ANTECEDENT CAUSES CELLLY.							
Ö	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
AT	UNDERLYING CONDITION LAST.							
5	(C)							
T	OTHER CICNIFICANT CONDITIONS							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							A 18 94 M	
				FINDINGS OF OPER	ATION		20. AUTOPSY?	
MEDICAL		0					YES NO X	
5		ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., in		(If in Baltimore City,		
Ш	CAUSE OF	R CONTRIBUTING []	about home, fe	rm, factory, street, office bldg., e	INJURY OCCUR?			
Σ		Month) (Day) (Year)	(Hour)   2	TE. INJURY OCCURR	ED 21F, HOW DID INJUR	RY OCCUR?		
L	INJURY			HILE AT NOT WHILE				
	m.   work   AT WORK							
		199	that I last saw the					
	deceased alive on the causes and on the day						23c. DATE SIGNED	
		Teo 1	11) 1	lls. M.D.	Hon Edmonds	ma (MTC.	6/2/57	
	A. BURIAL,		2	4c. NAME OF CEMETE	RY OR CREMATORY 24D. I	LOCATION (Čity, town	n, or county) (State)	
110	on REMOVAL (S Burial	June	5. 1951	Holar Podes	nam Cam	34. 363		
	ATE RECEIVE	D BY   REGISTRAR'		Holy Redeem	25. FUNERAL DIRECTOR	ilto. Md.	ADDRESS	
1	CAL REGIST	RAR TO ATI	一人人	AND MIR	Alma O Lekarina	long Ine K	it mil	
4	VS 150	51	164110	1	y gornog s	130	and inch.	
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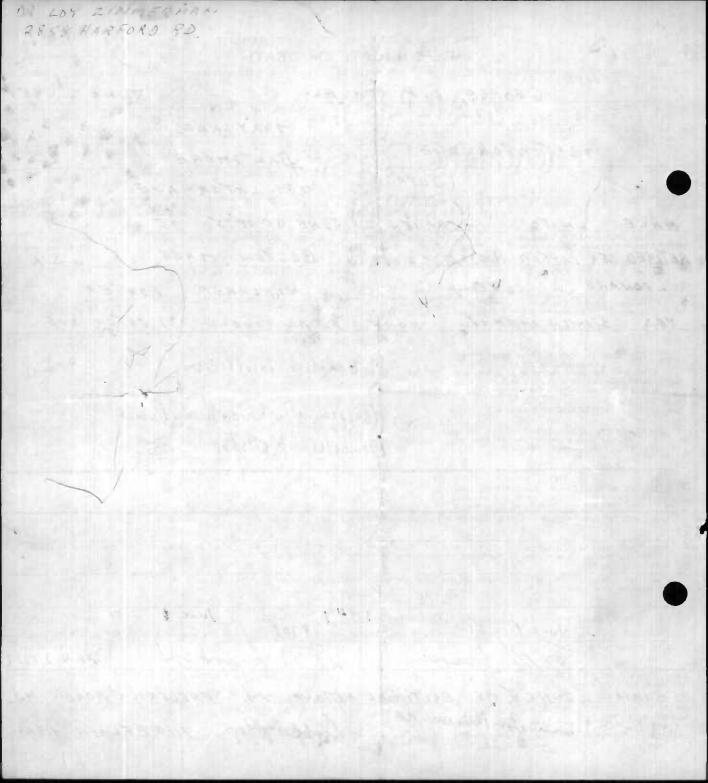
BIRTH NO.	CERTIFICATI	E OF DEATH	Register	red No
1. NAME OF DECEASED (Type or Print)	LACLER		2. DATE OF DEATH	6.2.51
3. PLACE OF DEATH: A. Baltimore City, Maryland 1814 4.	ight ST.	4. USUAL RESIDENCE (W		
B. FULL NAME OF (If not in hospital or instit HOSPITAL OR INSTITUTION	ution, give street address or location)	C. CITY OR TOWN (If	outside comprate	limits, write RURAL and give township)
c. Sength of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If 1	rural, give Jocatio	n)
	LE. MARRIED. WED, DIVORCED (Specify)	1.10.1886	9. AGE (In yea last hirthday	
10A. USUAL OCCUPATION (Give kind of 10B. KIN ork done during most of working life, even if retired)	O .	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  JOSEPH LAR	KEC (A)	14. MOTHER'S MAIDEN NA		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT .	SAME	ADDRESS
DISEASE OR CONDITION DIRECTL  LEADING TO DEATH  (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused dea  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABDVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CAUSING TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	(A)		Carcin	
19A, DATE OF OPERATION   19B, MAJO	R FINDINGS OF OPER			20. AUTOPSY?
LYING OR CONTRIBUTING about bom CAUSE OF DEATH  D. TIME (Month) (Day) (Year) (Hour) INJURY  m.	ACE OF INJURY (e. g., in e, farm, factory, street, office bidg., e	ED 21F. HOW DID INJURY	OCCUR?	tity, give exact location)
23A. SIGNATURE  24A. BURIAL, CREMA- 24B. BATE TION, REMOVAN (Specify)	, and that death occur M. D. 2 24C. NAME OF CEMETE	red at 7.00 m., from 11 3B. ADDRESS RY OR CREMATORY 24D. LC	LE causes and Cation (City,	23c. PATE SIGNED 6/4/17 town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRATION CONTROL TO THE LOCAL REGISTRATES	URE me, M. A.	25. FUNERAL DIRECTOR	)B1/1m	ADDRESS
VS 150	5434	130 E. Flant	ene.	470



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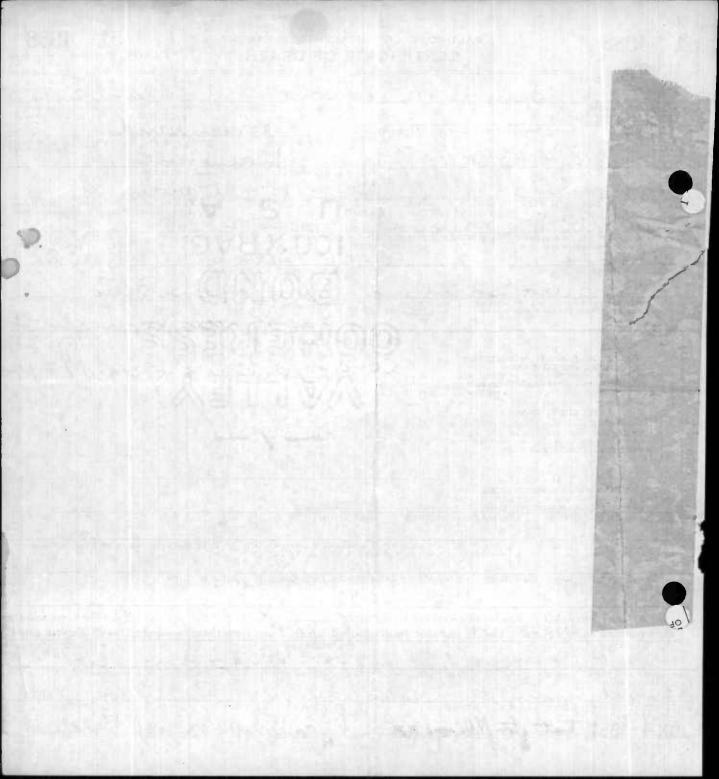
Registered No.

1. NAME OF DECEASED (Type or Print) GEORGE L.P. COU	VELL 2. DATE OF DEATH TUNE 1 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	MARYLAND.
HOSPITAL OR INSTITUTION 731 CATOR AVE.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
20YRS Yrs.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Days	731 CATOR AVE.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
MALE WHITE MARRIED.	JUNE QO 1875 75
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	
RETIRED SEA CAPTAIN ROOSEVELT LINES	BOSTON, MASS. U.S.A.
LEONARD A. COVELL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16 SOCIAL	MARGARET PORTER.
(1 es, no or unknown) (11 yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS  FLORA COUELL 731 CATOR AVE.
	OF DEATH
DISEASE OF CONDITION DIRECTIVE	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	cardial Insufficiency 4 days
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
	1001111
	osclerotic Cardio Unsavlar Visease
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	17 M.11.T
UNDERLYING CONDITION LAST.	betes Mellilus
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
1 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
U 21a. ACCIDENT WAS LINDER.   218. PLACE OF INJURY (6.6., in	nor   21c. WHERE DID (If in Baltimore City, give exact location)
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRI	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 19	49 to None 1, 1951, that I last saw the
	rred at 4:30 %. m., from the causes and on the date stated above.
Joy 11. Simmerman M. D.	2 5 Harford Bul 18 DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY   2AD. LOCATION (City, town, or county) (State)
BURIAL TUNES 1951 BALTIMORE A	VATIONAL CEN. FREDERICK BOAD MD.
LOCAL REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
IUN 4-19511 Comments	Defet trap. 7110 BFLAIR ROAD
VC 1EO	



### BALTIMORE CITY HEALTH DEPARTMENT

6	100					E-A	4000
51	L 498	988 BALTIMORE CITY HEALTH DEPARTMENT 51 CERTIFICATE OF DEATH Registered No					
BI	RTH NO.		C	ERTIFICAT	E OF DEATH	Registered No.	
1.	NAME OF D	DECEASED				2. DATE	
(T;	ype or Print)	~5n	ances	m. m	osca	DEATH LUNG	U21951
	PLACE OF D				4. USUAL RESIDENCE (W		
	FULL NAME	City. Maryland	al or institution	n, give street address or	A. STATE	BOCOUNTY	before admission)
HC	SPITAL OR			location)		outside corporate limits,	rite RUIML and give
111	517101701	1014 4	PARACI	V .ST	Balle	adone 1	O township)
			77. (	Yrs.	D. STREET ADDRESS (If r	ural, give location)	~ n
o.	ength of s	stay in Baltimore		Mos. Days	· 1014 U	Tarden.	St
5.	SEX	6. COLOR OR RACE	7. SINGLE.		8. DATE OF BIRTH	9. AGE (In years     Under last birthday)   Month	r I Year If Under 24 Hours
13		118.1.	10-	rrued (specify)	mari 25, 1903	4 8	s Days Hours Min.
		CUPATION (Givekindo)		OF BUSINESS OR	11. BIRTHPLACE (State or for		CITIZEN OF
WOLK	OY F	of working life, even if retired)	·	INDUSTRY	59110010		WHAT COUNTRY?
13	FATHER'S			•	14. MOTHER'S MAIDEN NA	ME	000,
	1	2001120	Can	. ) -	))	A. P.I.	
15	. WAS DECEAS	ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT	ADDI	PESS .
(Yes	, no or niknown)	(If yes, give war or date	s of service)	SECURITY NO.	me mode	ca 1014 U)	a. Sl
		0 ./		CALICE		cu 101710	INTERVAL BETWEEN
	18. / /			CAUSE	OF DEATH		ONSET AND DEATH
		SE OR CONDITION LEADING TO DEA	TH	Cat	cinoma, Body	of aterus	1/2 410
	heart failt	s not mean the mode oure, asthenia, etc. It mea	ns the disease,	(A)		of 1 Ct 43	
	injury or	complication which	caused death.)	DUE TO			
		ANTECEDENT CAUS	SES				
O	DISEASE	S OR CONDITIONS,	F ANY, GIVING	(B)	***************************************		
ATIO		THE ABOVE CAUSE (A)		DUE TO			
C							
TIF		II		(C)			
ER		SIGNIFICANT COND					
Ü	TO THE D	DISEASE OR CONDITION	CAUSING IT.				
月	19A, DATE C	OF OPERATION 1	9B, MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
Ú	21A. ACCIDI	ENT, SUICIDE,	21B. PLAC	E OF INJURY (e. g., i	in or   21c. WHERE DID (If	in Baltimore City, give	exact location)
EDICA	HOMICIDE	(Specify)		m,factory,street,office bldg.,			
Σ	210 TIME	(Month) (Day) (Year)	(Hour)   21	E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	INJURY	(Month) (Day) (Tear)		ILE AT NOT WHILE		OCCON!	
			m. v	VORK AT WORK		7	
		y certify that I att					hat I last saw the
		live on May 25	_, 19 <del>\[ \]</del> a		rred at 1.15 m., from th		
	23A. SIGNA		C	).	1015 heridan		3c, DATE SIGNED
2/	A. BURIAL,		100	M. D. C. NAME OF CEMETE		CATION (City, town, or	dounty) (State)
Tic	REMOVAL (	Specify)	0 ~.	1100		13-01-	Low .
D	ATE RECEIVE	1 1 1 1 1 1 1 1 1	S SIGNATUR	- Wyory V	25. FUNERAL DIRECTOR	Valumor	DDRESS
	CAL REGIST		- Miss	-	0,1-112.10	0.00 7 12	200 68
	UN 4-1	351 Constitues	The / Indian		Magueriary	201000.13	edale st
	VS 150		The second	Andrews (	H		1100
			100				4812



S1 4989 Registered No.

B	IRTH NO.						
	NAME OF D		Acnae	Ann Phillips		2. DATE OF DEATH Ju	מחם 2 ז מרו
	PLACE OF D		• METTES	Aun ruttups	4. USUAL RESIDENCE A. STATE	ne 2, 1951 If institution: residence before admission)	
H	FULL NAME OSPITAL OR ISTITUTION			on, give street address or location)	c. CITY OR TOWN	(If outside corporate h)	nits write RURAL and give
_	0.00	3430 Sene	ca Stre		Baltin		
C:	Length of s	tay in Baltimore	60 yea	Yrs. Mos. Days		(If rural, give location) Seneca Street	
5.	Female	6.COLOR OR RACE White	7. SINGLE WIDOW Wido	, MARRIED, ED, DIVORCED (Specify)	B. DATE OF BIRTH  Jan. 13, 1877	9. AGE (in years last birthday)	If Under 1 Year II Under 24 Hours Min.
10 wor	At Home	CUPATION (Give kind of f working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	US A COUNTRY
13	B. FATHER'S	NAME			14. MOTHER'S MAIDE	N NAME	
	William	H. Hobson			Sarah Ann		
15 (Ye	NAS DECEASI	ED EVER IN U. S. ARMED (If yos, give war or date)	FORCES?	16. SOCIAL SECURITY NO.	Mrs. Viola M.	Walsh 3516 C	ADDRESS lipper Road
CERTIFICATION	(This does heart failt in jury or DISEASE. RISE TO TUNDERL'	SE OR CONDITION LEADING TO DEA: not mean the mode of tre, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA  II SIGNIFICANT CONDITIONS ISSESSE OR CONDITION ISSESSE OR CONDITION	ITH  If dying, e. g  In sthe disease  aused death  SES  F ANY, GIVIN  STATING TH  IST.  TIONS CON  NOT RELATE	(B)	lisiare versliget	artuselus	
				FINDINGS OF OPER	ATION		20. AUTOPSY?
TEDICAL	21A. ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)		CE OF INJURY (e. g., in		(If in Baltimore City	y, give exact location)
M	INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRI	ED 21F, HOW DID IN.	JURY OCCUR?	
	22. I hereb	y certify that I att		and that death occur			SZ, that I last saw the the date stated above.
	23A. SIGNA	wich ().	Valla	ues/ M.D.	6100 Gork	Road	Succe 2 1951
TI	on, REMOVAL (S Burial	the second of	1951	Druid Ridge		Pikesville, M	aryland
	ATE RECEIVE OCAL REGIST		SSIGNATU	RE I G O O	25. FUNERAL DIRECT		Falls Road
=	VS 150		d me	1 1	Tarres	FI 6 DUMNOO)	0 - >

Ur Frederick J. Vollmer 6105 York Road Ho. 0136 3116. Lettings an Ho. 8973

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### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 4990

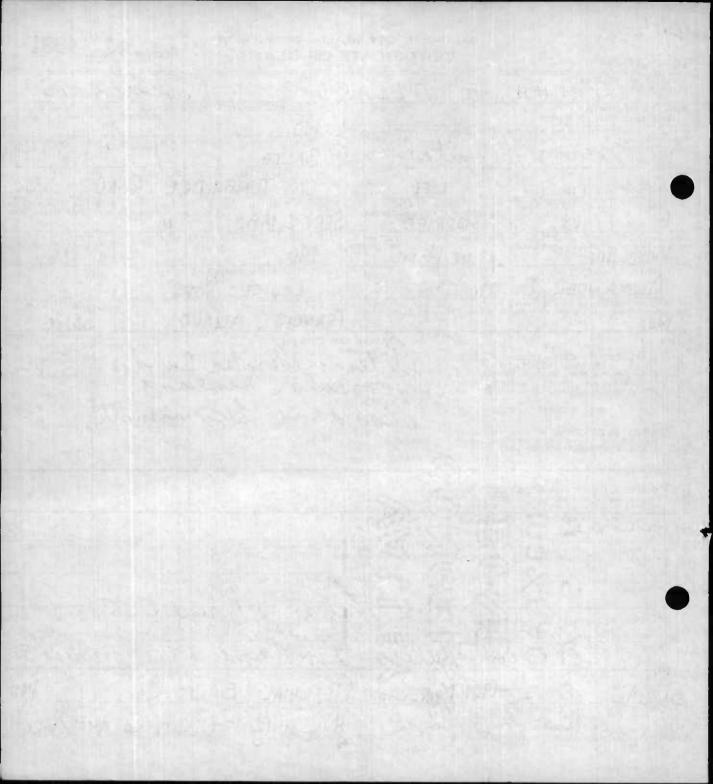
GERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED GEORGE SAMUEL L	OPEZ   2. DATE OF DEATH JUNE 3, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)	
INSTITUTION 512 WILLOW AVE.	BALTO. (If duside to boate in the township)
c. Life Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)  S12 WILLOW AVE.
6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify MARRIED)	8. DATE OF BIRTH  9. AGE (In years of Under I Year In Under 1 Years of Und
10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired)  DUTCHER  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  JOSEPH LOPEZ	14. MOTHER'S MAIDEN NAME WARFIELD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, np or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
NO	ISTANLEY LOPEZ 2820 HUNTINGOON AU
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	OF DEATH  When boin interval between onset and death
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	ursliget arteus selveris
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Cefe mulibur nick
19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	in or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR  WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	Oct , 19 18 to June , 1951, that I last saw the
	rred at 7:452-m., from the causes and on the date stated above.
Frederick & Valley M.D.	6100 John Rd June 4 1951
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE PARKWOOD PARKWOOD	CEM. PARKVILLE MD.
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	HILLS FOR MICH SALE CO 1905 YOUR R
VS 150	THURST SONS W. TIOS TORK IN

OR F. VOLLMER 6100 YORK RD

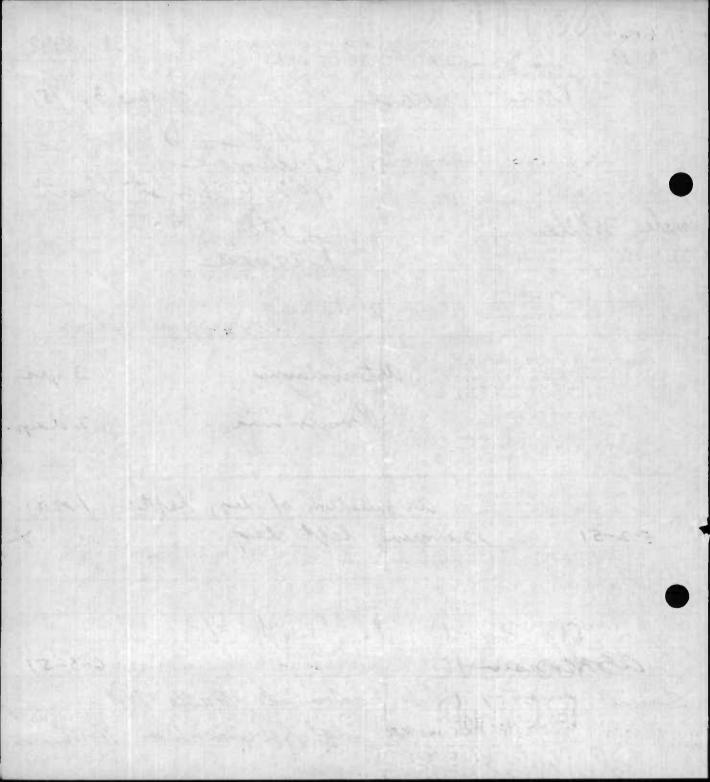
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H	6	)

## BALTIMORE CITY HEALTH DEPARTMENT

18	RTH NO.99 CERT	IFICATI	OF DEATH	Regis	stered No	4331
1.	NAME OF DECEASED Type or Print) BERTHA E A	LLAI	R D	2. DATE OF DEATH	une 2.	1951
A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDE	NCE (Where deceased B. COL		tion: residence before admission)
H	FULL NAME OF (If not in hospital or institution, give st OSPITAL OR NSTITUTION	reet address or location)	c. CITY OR TOWN	(If outside corno	rate hants write	RURAL and give
1	pary Hama	Yrs.	BALTO.	SS (If rural, give loc	ntion)	township)
	Length of stay in Baltimore	Mos. Days	C. A training	MBRIDGE	ROAD	
5	6.COLOR OR RACE 7. SINGLE MARRITI WIDOWED DIVO		SEPT 2 188	9. AGE (In last birth	years     f Under     Months   D	Year If Under 24 Hours Days Hours Min.
	DA. USUAL OCCUPATION (Give kind of the doring most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (SI	ate or foreign country		ITIZEN OF
13	HUUSEWIFE   OWN HON	ME	14. MOTHER'S MAI	DEN NAME		U.S
	ALEXANDER B. MORGAN		Louise	- Voss		
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  No, no or unknown) (If yes, give war or dates of service) SEC	URITY NO.	FRANCIS C	ALIARO	ADDRES	SS NMF
	18. 42211	CAUSE	OF DEATH	, icerito	A ON	TERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	breez	105 clero	tic Car	des-	< Th
	(This does not mean the mode of dying, e.g., (A. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	TO V051	Culan D	eslas	-	
	ANTECEDENT CAUSES	Can	leas o	leama	and the	12
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE	TO	00-0-0	0-00 1.70	us augh	1
CAT	UNDERLYING CONDITION LAST.	)				***************************************
RTIF	II					
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING 1T.				Acces.	
١	19a. DATE OF OPERATION 19B. MAJOR FINDING	S OF OPER	ATION			20. AUTOPSY?
EDICA	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, fsrm, factory,	JURY (e. g., in street, office bldg., e	21C. WHERE DI tc.) INJURY OCCUR	D (If in Baltimo	re City, give ex	act location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJU	RY OCCURRE	D 21F. HOW DID	INJURY OCCUR?		
	m.   WHILE AT	NOT WHILE		1 ()	51	
	deceased give on the 1, 19 1, and that	from 19	7 50 195	from the causes a	, 19, that	t I last saw the
	23A. SIGNATURE deven Mul	les 2	red at 130 pm., 3B. ADDRESS	AST	- 23d	DATE SIGNED
2 TI	4A. BURIAL, CREMA- 24B. DATE 24C. NAM	E OF CEMETE	RY OR CREMATORY	17.	ity, town, or dou	1
10	BURIAL 6-5 - 1931 MORE	LANU	25. FUNERAL DIRE	BALTO. C	, Q.	RESSI O
لا	UN 4-1951 Tunting for Miliams A	See .	H.W. JENKI	NS & SONS	Co. 491	5 YORKRO
	VS 150	2.78 T	4 , 0 0		0	27



400	
1 4992 BALTIMORE CITY HEALTH DEPARTMENT CENTIFICATE OF DEATH Reg	51 4992 istered No.
1. NAME OF DECEASED RE DECEASED OF DEATH	
	d ived. If institution presidence DUNTY be readmission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION C. C. OR TOWN (If outside corp	orate limits, write LUI AL and give
THE JOHNS HOPKINS HOSPITAI Dallimore	township)
c. ength of stay in Baltimore 40 Yrs Days Days C. STREET ADDRESS (Frural give lo	st Court
mare white 1880	n years   H Under   Year   H Under 24 Hours   thday)   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) HOUSE WITE	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  Unkown  Unkown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL 17 INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT THE JOHNS HOPK	
18. 450.1 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,  (A)	3 yrs
heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	2 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
UNDERLYING CONDITION LAST. (C)	***************************************
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED  Amountation of last less than the second control of the s	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  Augustation of by, le	st. Ino.
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
LYING OR CONTRIBUTING   about home, farm, factory, street, office bldg., etc.)   INJURY OCCUR?	ore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
ma. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 4/3 195 to 6/3	, 195 f, that I last saw the
23a. SIGNATURE 23B. ADDRESS	and on the date stated above.    23c. DATE SIGNED
24a. BURIAL, CREMA- 24a. DATE , 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (	
Burnel Jol Blub Shulom Centy Balts	City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE   25. FUNERAL DIRECTOR	
LOCAL REGISTRAR	ADDRESS //26W



#### injury or complication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

198. MAJOR FINDINGS OF

OPERATION

218. PLACE OF INJURY (e.g., in or | 21c, WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) INJURY

WHILE AT NOT WHILE

WORK

22. I hereby certify that I attended the deceased from 7/11

3, 195 / and that death occurred at 4:30 m. from the causes and on the date stated above

234 SIGNATURE 23B. ADDRES BURIAL, CREMA-24B, DATE

NAME OF CEMETERY OR

23c. DATE SIGNED

ADDRESS

, 19 that I last saw the

20. AUTOPSY

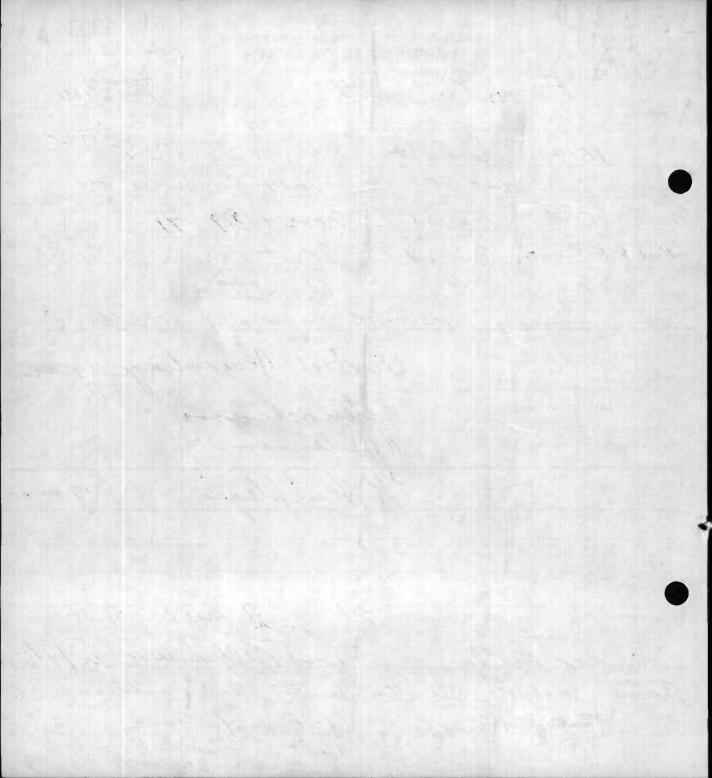
(9) arial tone 6 BATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAP

FUNERAL DIRECTOR 25

VS 150

TION REMOVAL (Specify

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51 4994
Registered No.

NAME OF DECEASED 2. DATE (Type or Print) Marie C. Lloyd June 2/51 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OFGENERAL GETTAN Aged Peopleton) Md . C. CITY OR TOWN (If outside corporate limits, write PULLIFand give township) Home, 22 S. Athol Ave. Baltimore D. STREET ADDRESS (If rural, give location)
22 S. Athol Ave. Yrs. Mos. Length of stay in Baltimore Days AGE (In years | If Under I Year | If Under 24 Hours | Inches | Hours | Months | Days | Hours | Min. 7. SINGLE, MARRIED, WOONGED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in years) Pemale July 2,1874 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dopeduring most of working life, even if retired) etired House Keeper INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME m. Lawrence Lloyd Amma D. Steinzendorfer 15. WAS DECEASED EVER IN U, S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. thol Ave Sister Fredericka. 22 S. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 194. DATE OF OPERATION | 198. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact I about home, farm, factory, street, office bldd, etc.) INJURY OCCUR? 1-141-51 (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH KOBBY 21D. TIME (Month) 21F. HOW DID INJUR (Day) (Year) (Hour) 21E. INJURY OCCURRED 30 WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from Joy 1 10/, to - une 7 , 1951, that I last saw the deceased alive on June 1, 19 5 and that death occurred at 1:20 # m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24%. BURIAL, CREMA TION, REMOVAL (Specify) BURIAL 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) Baltimore Gemetery Baltimore. Md. DATE RECEIVED BY 25. FUNERAL DIRECTOR **ADDRESS** LOCAL REGISTRAR uhlce101 Edmondson Av

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	535						100
1	4995 RTH NO.				E OF DEATH	Registered N	4995
T)	NAME OF D	Mary	Ellen	Condon		2. DATE OF DEATH UN	16-3-5%.
Α.	PLACE OF D Baltimore (	City, Maryland	420 Treist	e ns town tive street address	A. STATE New Von	Where deceased lived. If	institution : residence before admission)
H	SPITAL OR	The Seton		location	c. CITY OR TOWN (I	outside corporate limits	write RURAL and give township
				Yrs.	D. STREET ADDRESS (If	rural, give location)	1.1 1/ 1/
	Length of s	tay in Baltimore	7. SINGLE, MA	Mu.) 104 Mos.	B. DATE OF BIRTH	7 10	Under I Year   If Under 24 Hours
	F	white	WIDOWED, D	Specify (Specify	5-17-1883	last birthday) Mor	nths Days Hours Min.
worl	done during most	CUPATION (Give kind of of working life, even if retired)	NO U	INDUSTR		ew York	12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S	NAME	7		14. MOTHER'S MAIDEN N	_	
15	WAC DECEASE	John (	Jondon		Ellen	Houglas	- 1- 1//
(Ye	s, no or unknown)	D EVER IN U.S. ARMED (If yes, give war or date	FORCES? 16.	SOCIAL SECURITY NO.	The Seton Insti		stenstown ld,
	18. 15:	3 X		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION LEADING TO DEA		7.00	restinal fun	or Qualica	12 10 11 14
	heart failu	s not mean the mode oure, asthenia, etc. It mea	of dying, e.g., ans the disease,	+	Obstruction	· ( ourge	ent) 10 neowing
	injury or	complication which		DUE TO			
Z		ANTECEDENT CAUS	SES	(B)			
ERTIFICATION	RISE TO T	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	STATING THE	DUE TO	0 (		
ICA	ONDERL	THE CONDITION E		lhe	ental Deficie	eli ca	684000
TIF	0=11=0	li .		(C)		- Contract of the contract of	100
CER	TRIBUTING	SIGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED				
				DINGS OF OPE	RATION		20. AUTOPSY?
EDICAL	21A ACCIDE	ENT. SUICIDE.	218 PLACE C	OF INJURY (e.g.,	in or 21c. WHERE DID (	If in Baltimore City, g	YES NO Z
MED	HOMICIDE	(Specify)		ctory, street, office bldg			
-	D. TIME	(Month) (Day) (Year)	WHILE		E	Y OCCUR?	
	22. I herch	y certify that I att	conded the dece	10	11766	une 3. 195	, that I last saw th
	deceased a	live on June 3	., 19 51, and	that death occi	urred at 4 p.m., from t	the causes and on th	
	23A, SIGNA		O. Oak	men M.D.	3703 Clarks	Lane	fune 3. 5/
2.4 TI	A. BURIAL.	REMA- 24B. DATE	240			OGATION (City, town,	Vr county (State)
2	rusta	160	5/	cetted	10x /c	Fallo.	mo.
L	ATE RECEIVE CAL REGIST	D BY REGISTRAR	SSIGNATURE	L. Hat	25 DUNERAL DIRECTOR	lacerel.	ADDRESS
- 9		3311 million	The same of the sa		24001141111	omayo.	wure.
	VS 150	25 things	S. C. C. S.	1 2			46E

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12	J.	4550	CERTIFICATE	E OF DEATH	Registered No	
=		RTH NO.			LO DATE / D	
I		pe or Print) Nora ELLE	ino Brien		2. DATE OF OF DEATH	51
-	3.	PLACE OF DEATH:	14:24 000	4. USUAL RESIDENCE (W	There deceased lived. If insti-	tution: residence before admission)
-		Baltimore City, Maryland FULL NAME OF (If not in hospital or	r institution, give street address or	A. STATE Md.	250	d delote udinassion,
	HO	SPITAL OR	location)	C. CITY OR TOWN (If	outside corporate limits, wr	ite RURAL and give
	INS	Marylan Marylan	d General How	Baltimo	re	township)
			Yrs	D. STREET ADDRESS (If	rural, give location)	a A D
	C.	Length of stay in Baltimore	6 months Mos. Days	tdszwood	, md.	204
	5.	6. COLOR OR RACE 7.	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years li Under last birthday) Months	Days Hours Min.
12	L	maje waite	Widowed	Abril 121/881	70	
1		. USUAL OCCUPATION (Give kind of 10 done during most of working life, even if retired)	DB. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or fo	oreign country) 12.	CITIZEN OF WHAT COUNTRY?
			at home	Kentuck	.4	.S.
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
		William Cottu	au	Marthy	geager	
		WAS DECEASED EVER IN U. S. ARMED FO		17. INFORMANT	ADDR	ESS
11	(I ell	no or uokoowo) (If yee, give wed or deten of	security No.	Frances O'Brien,	dght, 1711 N.II	linois St.
-	1		CALICE	Indiannapoli		INTERVAL BETWEEN
		18. 422.1		OF DEATH		ONSET AND DEATH
		DISEASE OR CONDITION DI	RECTLY Tate	1 (ardiac a	le compense	(?)
		(This does not mean the mode of c	lying, e. g., (A)	, се ж. с 9		
-		heart failure, asthenia, etc. It means injury or complication which cause	sed death.) DUE TO		tion	(2)
		ANTECEDENT CAUSES	<b>,</b>	10		(1)
	z	ANTECEDENT CAUSES	Ar	terioscles	.07:7.	
	0	DISEASES OR CONDITIONS, IF A				
	AT	RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST				
	<u>⊍</u>					
	RTIFIC	11	(C)		••••••••••••••••••••••••••••••	
		OTHER SIGNIFICANT CONDITI				
	H C	TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION C		I <sub>2</sub>		
	1		MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
9	CAL					YES NO
811	百	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., i bout home, farm, factory, atreet, office bldg.,		If in Baltimore City, give	exact location)
ж	ME					
1	7	21D. TIME (Month) (Day) (Year) (H	lour) 21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	7	FINJURY	m. WHILE AT NOT WHILE			
					6.3 10.6/1	at I last saw th
		22. I hereby certify that I atten	ded the deceased from 3	199, 10		nat I last saw the
		deceased alive on 6.3	ded the deceased from 5 19.57, and that death occur	rrea at	the causes and on the d	ate stated above 3c. DATE SIGNED
				38. ADDRESS	OHOON'TO	6/7/~
			24c. NAME OF CEMETE	many a more	OCATION (City, town, or o	dunty) (State)
	710	A. BURIAL, CREMA- 24B. DATE				ounty) (State)
		REMOVAL (Specify)  REMOVAL (Specify)  6/4/51	Crown Hill Cen		annapolis, Ind.	
	DA	TE RECEIVED BY REGISTRAR'S	SIGNATURE	Schimunek Funera	al Home, Inc. AL	DRESS
1	-	UN 4 - 1951	Webs ( Insurangem ) with	2601-3-5 E. Madi	ison St.	
	=	10,000	THE REAL PROPERTY.	4 9 8 0		
		VS 150	A CONTRACTOR AND A CONT			937

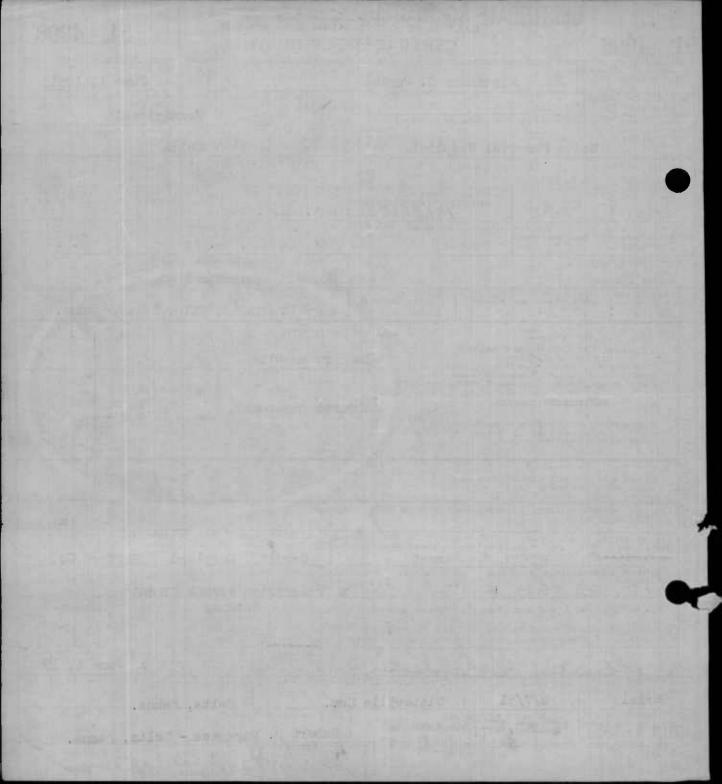
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Segistered No. 4997

BI	A 499	7		CERTIFICATI	E OF DEATH	Registered No.	
	NAME OF D	ECEASED C.	ATHERIN	E MARGARET RAI	BENAU	OF June	3, 1951
Α.		City, Maryland 22.			4. USUAL RESIDENCE (V	Where deceased lived. If ins B. COUNTY	before admission)
HO	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit	al or instituti	on, give street address or location)		outside eorporate limits, v	write RURAL and give township,
0				Yrs.	Baltim	rural, give location)	. 0 7
_		tay in Baltimore	li	Days	1	. Chase St.	
	emale	white	WIDOW	MARRIED, ED, DIVORCED (Specify) widowed	Sept. 5. 1880		der 1 Year If Under 24 Hours hs Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)   12	2. CITIZEN OF WHAT COUNTRY?
	housewif	e	at hom		Baltimore, Md		U.S.
13	. FATHER'S N				14. MOTHER'S MAIDEN N		
15	. WAS DECEASI	John He		ner 16. social		bara Yakel	20566
		(If yes, give war or date		SECURITY NO.	John F. Rabenau,		ORESS
	18. 42	0.1		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION	TH	CALCUL	The Third	bosis	2 da
	heart failu	not mean the mode ore, asthenia, etc. It mea	ns the disease	e,	ary jurom	00213	a may s
	injury or	complication which		DUE TO	JHypertins	eve.	2
z		ANTECEDENT CAUS		(B) Atdl	a Vascular Ke	nal disase	8,
CATION	RISE TO T	OR CONDITIONS, IN	STATING TH	E OUE TO			
ICA	ONDERL	ING CONDITION LA	.51.	(C)			
RTIF	OTHER	II IGNIFICANT CONDI	TIONE CON				
CER	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
	19A. DATE C	F OPERATION 0 1	9в. MAJOR	FINDINGS OF OPER			20. AUTOPSY?
DICA	21a. ACCID	ENT WAS UNDER-	21B. PLA	CE OF INJURY (e.g., i	n or   21c. WHERE DID (	If in Baltimore City, give	e exact location)
MED	LYING OF	R CONTRIBUTING DEATH	about home,	arm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
1	D. TIME	(Month) (Day) (Year)		21E. INJURY OCCURR		Y OCCUR?	
			m.	WHILE AT WORK AT WORK			
	22. I hereb	y certify that I at live on July 2	tended the	deceased from Ap	rred at 10 ~ m., from t	the causes and on the	that I last saw the
	23A. 519NA		<u>, 1901,</u>	and that death occur	23B. ADTRESS	line causes and on the	23c. DATE SIENED
2	TO S	CREMA-I 24B, DATE	Divin	M. D.	2210 E Ma	OCATION (City, town, or	6   4   5   county) ((State)
Tie	DN. REMOVAL (S Burial	June 6,	. (/	Holy Redeemer		Belair Rd. Ba	
D	ATE RECEIVE	D BY   REGISTRAR			25 FUNERAL DIRECTOR	Δ	ADDRESS
			本以	W. 0,0	Schimunek Funera 2401-3-5 E. Mad	ison St.	
	UN 4 50 1	951	and their	the same and the same			1210
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Registered No. 4998 CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE OF Alexander G. Dunlap DEATH June 4, 1951 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. STATE A. Baltimore City, Maryland Pennsylvania B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and giv HOSPITAL OR C. CITY OR TOWN INSTITUTION Union Memorial Hospital Delta. D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stav in Baltimore Davs 8. DATE OF BIRTH If Under 1 Year Il Under 24 Hours 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) MARRIED Oct. 21, 1868 Male White 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of) WHAT COUNTRY! INDUSTRY work done during most of working life, even if retired) York County, Pa. U.S. Grocery 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Dunlap Corn lia Anderson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mary L. Dunlap, Wife, Delta, Penna. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pulmonary embolism (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES Subdural hematoma ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING T OR CONTRIBUTING SECURITY OF DEATH. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Cardiff, Maryland Street Harford Co. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED fay 20. AT WORK X | Pedestrian struck by auto 22. I certify that I took charge of the remains described above, held an Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [X, suicide [], homicide [], undetermined [] 23c. DATE SIGNED 23B. CHIEF MEDICAL EXAMINER 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR June 4, 1951 24A. BURTAL, CREMA- 24B. DATE TION REMOVAL (Specify) Burial 6/7 24C. NAME OF CEMETERY OR CREMATORY | 240, LOCATION (City, town, or county) Slateville Cem. Delta, Penna. 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE Hubert P. Harkness - Delta, Penna. Bess 1700

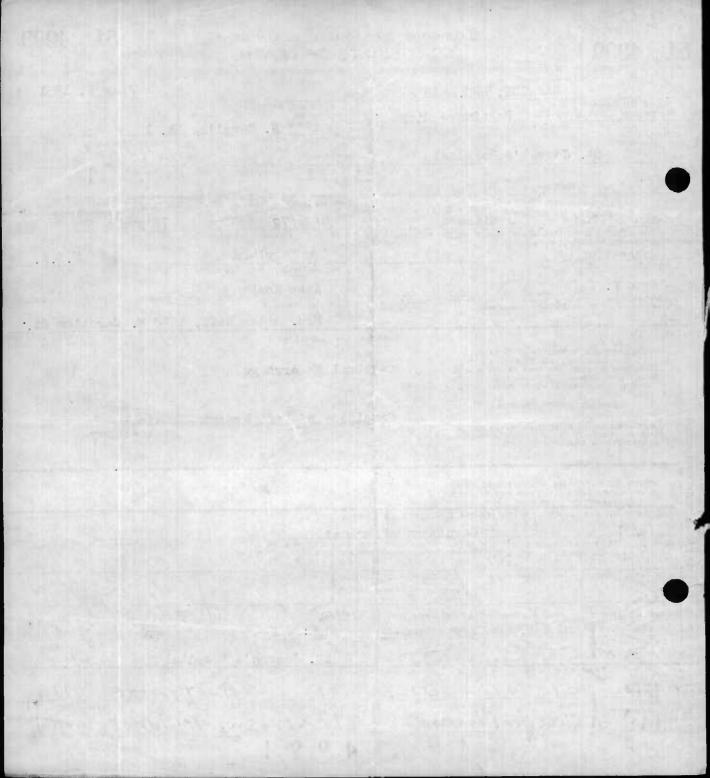


51 4999

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4999

1. NAMI (Type or							
(	Print)	CEASED				2. DATE.	. 1 1051
			K, MRS.	MARGARET		DEATH	ne 1, 1951
	more C		Raltimo	re City	4. USUAL RESIDENCE (W	here deceased lived. I B. COUNTY	f institution : residence before admission
B. FULL	NAME (		al or institut	ion, give street address or		ne St. 13	
HOSPITA	TION			location)	C. CITY OR TOWN (If	outside corporate limi	its, write RURAL and giv
H		St. Meseph	s Hespi	tal		a a	township
eng	th of st	ay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If )	rural, give location)	
5. SEX		6. COLOR OR RACE	7. SINGL	E. MARRIED, /ED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years)	Il Under 1 Year   Il Under 24 House
Fema]	Le	White	Widow		8/26/72	78 yrs	onths Days Hours Min
10A. USI	JAL OCC	UPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or fo		12. CITIZEN OF
		working life, even if retired)		INDUSTRY	Maryland		WHAT COUNTRY
	USEW:				14. MOTHER'S MAIDEN NA	ME	U.S.A.
To	77	77.33				7 IVI E	
		Hall	- Fondson	1 10 000	Anne Keelan		
(Yes, no or	unknown)	(If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no					Mrs. Alice Ref	f, 1838 N.	Caroline St.
NOI PI	his does art failur jury or SEASES SE TO TH NDERLY!	E OR CONDITION LEADING TO DEAT not mean the mode of, asthenia, etc. It mea complication which of ANTECEDENT CAUS OR CONDITIONS, II E ABOVE CAUSE (A) NG CONDITION LA  II GNIFICANT CONDITION TO THE DEATH, BUT	TH of dying, e. g. ns the diseas aused death SES  F ANY, GIVIN STATING THE STA	(B) Carcin	al Hemarrhage	t - Radical Mastecto	oney
U TR	THE DIS	SEASE OR CONDITION	CAUSING 1	D			
		SEASE OR CONDITION	CAUSING 1	D	ATION		20. AUTOPSY?
19A.	8/51	OPERATION 1	98. MAJOR	FINDINGS OF OPER	ast		YES NO X
19A. 3/ 21A. LYIN	8/51	OPERATION 1  ONT WAS UNDER- CONTRIBUTING	98. MAJOR Ca:	FINDINGS OF OPER	ast	in Baltimore City,	YES NO X
19A. 3/ 21A. LYIN CAU 21D.	8/51 ACCIDE IG OR SE OF E	OPERATION 1  ONT WAS UNDER- CONTRIBUTING	9B. MAJOR Ca: 21B. PLA about home, (	FINDINGS OF OPER CCINAMA of bre CCINAMA of bre Arm, factory, street, office bldg., e  21E. INJURY OCCURRE WHILE AT NOT WHILE	n or 21c. WHERE DID (Is		YES NO X
19A. 3/ 21A. LYIN CAU 21D.	8/51 ACCIDE IG OR SE OF E	OPERATION 1  OPERA	CAUSING 1 9B. MAJOR Ca: 21B. PLA about home, 1 (Hour) m.	FINDINGS OF OPER CCINAMA of breacted for the following of	a at 21c. WHERE DID (II) INJURY OCCUR?  ED 21f. HOW DID INJURY	OCCUR?	yes No X
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19A. 3/ 21A. LYIN CAU 21D. 5 II	B/51 ACCIDE IG OR SE OF L TIME (I NJURY  hereby ased ali	OPERATION 1  OPERATION 1  ON WAS UNDER. CONTRIBUTING   DEATH  Month) (Day) (Year)  Certify that I att  ve on June 1	CAUSING I 9B. MAJOR (Ca. 21B. PLA about home, ( (Hour) m.	FINDINGS OF OPER  CCIOMA of bre  CCIOFINJURY (e.g., it arm, factory, street, office bldg., e  21E. INJURY OCCURRE  WHILE AT NOT WHILE WORK AT WORK  deceased from 3/ and that death occur	21c. WHERE DID (Indec) INJURY OCCUR?  ED 21f. HOW DID INJURY  5/51, 19, to 6  Fred at8: 20 Pm., from the	OCCUR7	yes No give exact location)  _, that I last saw the date stated above
19A. 3/ 21A. LYIN CAU 21D. 21D. 22. I decee	ACCIDE ISE OF ETIME (INJURY hereby ased ali	OPERATION 1  OPERATION 1  ON WAS UNDER. CONTRIBUTING   DEATH  Month) (Day) (Year)  Certify that I att  ve on June 1	CAUSING I 9B. MAJOR (Ca. 21B. PLA about home, ( (Hour) m.	FINDINGS OF OPER  CCIOMA OF Dre. CCE OF INJURY (c.g., it arm, factory, street, office bldg., c.g.)  21E. INJURY OCCURRE WORK NOT WHILE AT NOT WHILE WORK deceased from 3/ and that death occur	21c. WHERE DID (Index) INJURY OCCUR?  ED 21f. HOW DID INJURY  5/51 , 19 , to 6  Tred at8: 20 Pm., from the 38. Address	OCCUR7  /1/51 , 19  te causes and on t	yes No give exact location) , that I last saw th
19A. 3/ 21A. LYIN GAU 21D. 21D. 22. I decee	B/51 ACCIDE ING	OPERATION 1  INT WAS UNDER. CONTRIBUTING DEATH  Month) (Day) (Year)  Certify that I att  ve on June 1  URE	CAUSING I 9B. MAJOR  CB: 21B. PL/ about home, ( (Hour)  m.  cended the , 19-51.	FINDINGS OF OPER  CCIOMA of bre  CCIOFINJURY (e.g., it arm, factory, street, office bldg., e  21E. INJURY OCCURRE  WHILE AT NOT WHILE WORK AT WORK  deceased from 3/ and that death occur	21c. WHERE DID (Inde.) INJURY OCCUR?  ED 21f. HOW DID INJURY  5/51 , 19 , to 6  Tred at8:20 Pm., from the 3B. Address  St. Joseph's Ho	OCCUR7  /1/51 , 19  te causes and on t	give exact location) , that I last saw the date stated above 23c. DATE SIGNED
19A. 3/ 21A. LYIN GAU 21D. 21D. 22. I deced 23A. But 110N REM	ACCIDE IG OR ACCIDE IT IMPORTANT ASSECTION ACCIDENTAL INFORMATION ACCIDENTAL IS TO THE INFORMATION ACCIDENTAL INFORMATION ACCIDENTA	OPERATION 1  INT WAS UNDER. CONTRIBUTING DEATH  Month) (Day) (Year)  Certify that I att  ve on June 1  URE  REMA- 248. DATE  eeify)  5.5.5.6	CAUSING I 9B. MAJOR  CB: 21B. PL/ about home, ( (Hour)  m.  cended the , 19-51.	FINDINGS OF OPER  CCIOMA of bre CCE OF INJURY (e.g., is arm, factory, street, office bldg., e  21E. INJURY OCCURRE WORK NOT WHILE AT WORK  deceased from 3/ and that death occur  M. D.	21f. HOW DID INJURY  21f. HOW DID INJURY  21f. HOW DID INJURY  5/51 , 19 , to 6  red at8:20 Pm., from th  38. ADDRESS  St. Joseph's Ho  RY OR CREMATORY 240. LC	occur?  /1/51 , 19 te causes and on the spital  CATION (City, town	give exact location) , that I last saw the the date stated above 23c. DATE SIGNED (State)
19A. 3/ 21A. LYIN GAU 21D. 22. I decee 23A.  24A. BU TION, REM	ACCIDE IG OR ACCIDE IT ACCIDED IN ACCIDENT IN ACC	OPERATION 1  INT WAS UNDER. CONTRIBUTING   CONTRIBUTION   CONTRIBU	CAUSING I 98. MAJOR CB: 218. PL/ about home, I (Hour) m. tended the	FINDINGS OF OPER CCINOMA of breactions, street, office bldg. e  21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK  deceased from 3/ and that death occur  M. D.  BALTIMO  FINDINGS OF OPER  AT WORK  AT WORK  AT WORK  AND  AND  AND  AND  AND  AND  AND  AN	21f. HOW DID INJURY  21f. HOW DID INJURY  21f. HOW DID INJURY  5/51 , 19 , to 6  red at8:20 Pm., from th  38. ADDRESS  St. Joseph's Ho  RY OR CREMATORY 240. LC	occur?  /1/51 , 19 the causes and on the spital ocation (City, town	give exact location) , that I last saw the the date stated above 23c. DATE SIGNED 6



		0000
Registered	No	

NAME OF DECEASED	1 -		2. DATE	
PLACE OF DEATH:	HAME EV	ANS	DEATH DUALES /	65.
Baltimore City, Maryland		4. USUAL RESIDENCE	(Where deceased lived, If institution	residence
FULL NAME OF (If not in hosp OSPITAL OR	ital or institution, give street address	or MARULA.	B. COUNTY befo	ore admission
ISTITUTION	location	c. CITY OR TOWN	(If outside corporate limits, write RU	PAT and atte
114 S. Ma	nroe St.	-Raltin		township
	Yrs.	D. STREET ADDRESS	(If rural, give location)	3
Length of stay in Baltimore	Life Mos.	. 5	N al	
6. COLOR OR RACE	7. SINGLE MARRIED	I O DANE OF BUILDING	9. AGE (In years     Under   Year	If Under 24 Hours
EMOLE White	WIDOWED, DIVORCED (Specific	-	last birthday) Months Days	Hours Min.
A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired	10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State o	1 80	
Housewife	INDUSTR	Y Manual		EN OF COUNTRY?
FATHER'S NAME	Vagestic	TARYLAN	7 14.	.A.
SAMUEL Whit	t- 1	14. MOTHER'S MAIDEN	NAME	
. WAS DECEASED EVER IN IL S ADME	D FORCES?   16. SOCIAL	HMANDA	Bobbitz	
A	es of service) SECURITY NO.	17. INFORMANT	ADDRESS	
18. 1/19 V	ENONG	VINCENT J. EVA	45 1145 Monkey	- CY
74/1	CAUSE	OF DEATH	(INTERV)	AL BETWEEN
DISEASE OR CONDITION	DIRECTLY		ONSET	AND DEATH
heart failure asthenia ata It	of dying, e. g., (A)	reschal al	Parisself [	
igjury or complication which	caused death.) DUE TO			
ANTECEDENT CAUS	A A		1	
	(A)	enter Hope	len	
DISEASES OR CONDITIONS, II				700000000000000000000000000000000000000
UNDERLYING CONDITION LA	AST.			
	(C)	***************************************		***************************************
OTHER CICNIFICATION				
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT				
THE BISERSE OR CONDITION	CAUSING IT.	***************************************		
19A. DATE OF OPERATION 1	9B. MAJOR FINDINGS OF OPER	RATION	20. AL	JTOPSY?
21A. ACCIDENT WAS UNDER-			YES	No
LINGL OR CONTRIBUTING	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	or 21c. WHERE DID otc.) INJURY OCCUR?	(If   partimore City, give exact loc	
CAUSE OF DEATH	51	INSORT OCCUR?	, partition	
NJUE	Hodr)   21E. INJURY OCCURRI	ED 21F. HOW DI		
	m. WHILE AT NOT WHILE	D INJU	RY OCCUR?	
	the desired of the second of t			
	the deceased from	red at 70' 951, to_	(0/3 , 195 , that I la	st saw the
	ut death occur	3B. ADDRE m., from	the causes and on the date sto	ited above.
	Till and a particular	33	23c. D4	TE SIGNED
	MET	1 full	evelus- 10 lot	(State)
		CREMATORY 24D	. LOCATION (City, town, or county)	1
		R	altimone MANYLA	20
		NERAL DIRECTO	R ADDRESS	S
		C I	DAD 2101 FREDERIC	KHUE.
		Jeh. Seh	WAD WILL	
			- a	· /

